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(FILE 'HOME' ENTERED AT 11:19:16 ON 09 JUN 2003)
SET COST OFF

FILE 'REGISTRY' ENTERED AT 11:19:45 ON 09 JUN 2003

L1 7 S (SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L2 19 S SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L3 18 S L2 AND (C14H21N3O2S OR C17H25N3O2S OR C22H26N2O2S OR C17H25N3
L4 7 S L3 AND 1/NC
L5 7 S L1,L4
L6 11 S L3 NOT L5
SEL RN L5
L7 58 S E1-E7/CRN
L8 47 S L7 NOT L6
L9 34 S L8 NOT MXS/CI
L10 21 S L9 NOT COMPD
L11 28 S L5,L10
L12 13 S L9 NOT L11
L13 10 S L12 NOT (C10H16O4S OR C5H7NO3 OR C5-C6-C6-C6/ES)
L14 1 S L13 AND C15H18N2O2 AND C14H21N3O2S
L15 9 S L13 NOT L14
L16 37 S L11,L15

FILE 'HCAPLUS' ENTERED AT 11:27:25 ON 09 JUN 2003

L17 960 S L16
L18 1286 S SUMATRIPTAN? OR NARATRIPTAN? OR RIZATRIPTAN? OR ZOLMITRIPTAN?
L19 35 S GR43175 OR GR() (43175 OR 43 175)
L20 38 S 311C90 OR SB209509 OR SB() (209509 OR 209 509)
L21 1360 S L17-L20

FILE 'REGISTRY' ENTERED AT 11:34:55 ON 09 JUN 2003

L22 1 S ASPIRIN/CN
L23 1 S ACETAMINOPHEN/CN
L24 3 S (IBUPROFEN OR NAPROXEN OR INDOMETHACIN) /CN
L25 1 S CAFFEINE/CN
L26 2 S (CELECOXIB OR ROFECOXIB) /CN
L27 486 S 50-78-2/CRN
L28 14 S L27 AND 103-90-2/CRN
L29 45 S L27 AND 58-08-2/CRN
L30 10 S L28 AND L29
L31 1 S L30 AND 3/NC

FILE 'HCAPLUS' ENTERED AT 11:38:57 ON 09 JUN 2003

L32 16185 S L22
L33 23421 S ASPIRIN? OR (ACETYLSALICYLIC OR ACETYL SALICYLIC) ()ACID
L34 9985 S L23
L35 6040 S ACETAMINOPHEN?
L36 18467 S L24
L37 36116 S IBUPROFEN? OR NAPROXEN? OR INDOMETACIN? OR INDOMETHACIN?
L38 746 S L26
L39 663 S CELECOXIB OR REFEKOXIB
L40 9 S L31
L41 22 S EXCEDRIN# OR FIORINAL# OR NEURANIDAL# OR THOMAPYRIN N
L42 516 S L32,L33 AND L34,L35 AND (L25 OR CAFFEINE)
E MIGRAIN/CT
E E4+ALL
L43 2390 S E1,E2
E E4+ALL
L44 1151 S E3
L45 4208 S ?MIGRAIN?
E HEADACHE/CT
L46 3310 S E3-E7

E E3+ALL
 L47 3310 S E4
 L48 6634 S HEADACHE
 L49 698 S L21 AND L43-L48
 L50 368 S L32-L42 AND L43-L48
 L51 1003 S L49, L50
 L52 3 S L51 AND (PRODROM? OR PRO DROM?)
 L53 1 S L51 AND (PREEMPT? OR PRE EMPT?)
 L54 3 S L52, L53
 L55 2 S L21 AND (PRODROM? OR PRO DROM?)
 L56 7 S L21 AND (PREEMPT? OR PRE EMPT?)
 L57 6 S L55, L56 NOT L54
 L58 7 S L32-L42 AND (PRODROM? OR PRO DROM?)
 L59 2 S L58 AND ?MIGRAIN?
 L60 5 S L58 NOT L59
 L61 3 S L54, L59
 L62 14 S L21 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR?(S)PERFO
 L63 0 S L21 AND STANIN?
 L64 43 S L21 AND BASELINE
 L65 1 S L64 AND L62
 E COMPUTER APPLICATION/CT
 E E3+ALL
 L66 2 S L21 AND E2, E1+NT
 L67 14 S L21 AND (E7+NT OR E9+NT OR E10+NT OR E11+NT OR E12+NT OR E14+
 E E19+ALL
 L68 25 S L21 AND E2-E25
 L69 0 S L21 AND (E28+NT OR E29+NT)
 E E28+ALL
 L70 18 S L21 AND E2+NT
 L71 9 S L21 AND E3+NT
 L72 6 S L66-L71 AND L51
 L73 1 S L61 AND L62-L72
 L74 3 S L61, L73
 E CADY R/AU
 L75 20 S E3, E5, E12, E14
 E GUTTERMAN D/AU
 L76 4 S E7-E9
 E O QUINN S/AU
 L77 6 S E3-E6
 E OQUINN S/AU
 E QUINN S/AU
 L78 1 S E8
 L79 5 S E20
 E QUINN O/AU
 L80 9 S L21 AND L75-L79
 L81 1 S L80 AND L32-L42
 L82 9 S L80 AND L51
 L83 11 S L74, L80-L82
 L84 5 S L21 AND (PREMONIT? OR ANTICIPAT? OR PRESENTIMENT? OR FOREWARN
 L85 11 S L83 AND L17-L21, L32-L84

=> fil hcaplus
 FILE 'HCAPLUS' ENTERED AT 12:42:39 ON 09 JUN 2003
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FILE COVERS 1907 - 9 Jun 2003 VOL 138 ISS 24
FILE LAST UPDATED: 8 Jun 2003 (20030608/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

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L85 ANSWER 1 OF 11 HCPLUS COPYRIGHT 2003 ACS
AN 2003:194230 HCPLUS
DN 138:362564
TI An open-label study to assess changes in efficacy and satisfaction with **migraine** care when patients have access to multiple **sumatriptan** succinate formulations
AU Weidmann, Eric; Unger, Jeffrey; Blair, Stephen; Friesen, Christopher; Hart, Carolyn; **Cady, Roger**
CS South Austin Medical Clinic, Austin, TX, USA
SO Clinical Therapeutics (2003), 25(1), 235-246
CODEN: CLTHDG; ISSN: 0149-2918
PB Excerpta Medica, Inc.
DT Journal
LA English
CC 1-11 (Pharmacology)
Section cross-reference(s): 63
AB Background: Because a patient's **migraines** often differ in duration, intensity, and accompanying symptoms, as well as the conditions and circumstances at the time of the **headache**, the mode for treatment also may change. Objective: The goal of this study was to det. whether **migraine** management is improved by providing 3 formulations of **sumatriptan** succinate to patients, together with education to assist them in selecting the most appropriate formulation for specific attacks. Methods: This was an open-label study conducted in 3 family practice settings. Patients were recruited who had at least a 1-yr history of **migraine** meeting International **Headache** Society criteria and experienced 2 to 6 attacks per mo within the previous 3 mo. Patients received instructions on oral, intranasal, and s.c. (SC) **sumatriptan** and were provided with all 3 formulations to treat 6 **headaches**. **Migraine** features, formulation used, reason for selecting specific formulation, **migraine** symptom relief, and use of follow-up doses were recorded in diaries. At follow-up, patients completed a questionnaire assessing satisfaction with access to multiple formulations. Results: Of the 33 enrolled patients (26 women, 7 men; mean age, 38.5 yr [range, 23-54 yr]), 25 (75.8%) completed all visits. Of 149 **headaches** treated, 39 (26.2%) were mild at onset, 70 (47.0%) were moderate, and 40 (26.8%) were severe. Eighty (53.7%) **headaches** were treated with tablets, 35 (23.5%) with nasal spray, and 34 (22.8%) with SC injection. Primary reasons for selecting specific formulations included "fewer side effects" for tablets, "convenience" for nasal spray, and "quick onset of action" for SC injection. Twenty-one (84.0%) patients reported being either very satisfied or satisfied with their ability to manage their **headaches**. Physicians reported that 18 of 24 (75.0%) patients had an improved attitude toward managing their **headaches**. All formulations were well tolerated. Eight (32.0%) patients reported adverse events, the 2 most common being chest pressure and fatigue. Conclusion: The patients in this study reported greater satisfaction with **migraine** management when given access to multiple **sumatriptan** formulations and education regarding their

appropriate use.

ST antimigraine sumatriptan succinate formulation
migraine headache

IT Antimigraine agents
Human
(access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

IT Drug delivery systems
(injections, s.c.; access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

IT Headache
(migraine; access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

IT Drug delivery systems
(nasal sprays; access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

IT Drug delivery systems
(oral; access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

IT 103628-48-4, Sumatriptan succinate
RL: ADV (Adverse effect, including toxicity); PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(access to multiple sumatriptan succinate formulations and changes in efficacy and satisfaction in migraine patients)

RE.CNT 14 THERE ARE 14 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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- (4) Goadsby, P; Headache 1999, V39(Suppl 2), PS40
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- (11) Ramadan, N; Am J Manag Care 1998, V4(Suppl), PS618
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- (13) Rapoport, A; Headache 2000, V40, P426
- (14) Sargent, J; Neurology 1995, V45(Suppl 7), PS10

L85 ANSWER 2 OF 11 HCAPLUS COPYRIGHT 2003 ACS
AN 2002:522646 HCAPLUS
DN 137:83677
TI Migraine medicine and method of treating the same without caffeine
IN Imanzahrai, Ashkan
PA USA
SO U.S. Pat. Appl. Publ., 6 pp., Division of U.S. Ser. No. 593,238.
CODEN: USXXCO
DT Patent
LA English
IC ICM A61K031-137
ICS A61K031-16
NCL 514649000
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 1

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 2002091162	A1	20020711	US 2002-37516	20020104
	US 2002099060	A1	20020725	US 2002-37517	20020104
PRAI	US 1999-144973P	P	19990722		
	US 2000-593238	A3	20000614		

AB This invention is a safe and effective compn. and method for treating acute **migraine** attacks using **pseudoephedrine**, **acetaminophen**, and other agents in an orally administrated form to alleviate the pain and cluster of symptoms characteristic of **migraine** attacks such as nausea, photophobia, phonophobia, and functional disabilities as well as the **prodrome** phase of a **migraine** attack.

ST oral pseudoephedrine **acetaminophen** acute **migraine**

IT Drug delivery systems

(caplets; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT Drug delivery systems

(capsules; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT **Antimigraine agents**

Human

(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT Drug delivery systems

(tablets; solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

IT 90-82-4, Pseudoephedrine 103-90-2, **Acetaminophen**

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

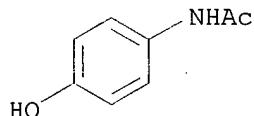
IT 103-90-2, **Acetaminophen**

RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(solid oral dosage forms contg. pseudoephedrine and **acetaminophen** for treatment of acute **migraine** attack)

RN 103-90-2 HCPLUS

CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)



L85 ANSWER 3 OF 11 HCPLUS COPYRIGHT 2003 ACS

AN 2002:424934 HCPLUS

DN 138:49340

TI The pharmacokinetics of **sumatriptan** when administered with clarithromycin in healthy volunteers

AU Moore, Katy H. P.; Leese, Philip T.; McNeal, Scott; Gray, Peter; O'Quinn, Stephen; Bye, Carole; Sale, Mark

CS GlaxoSmithKline, Research Triangle Park, NC, USA

SO Clinical Therapeutics (2002), 24(4), 583-594

CODEN: CLTHDG; ISSN: 0149-2918

PB Excerpta Medica, Inc.

DT Journal

LA English

CC 1-2 (Pharmacology)

AB Macrolide antibiotics such as clarithromycin are potent inhibitors of the cytochrome P 450 (CYP)3A4 isoenzyme and have the potential to attenuate the metab. and increase blood concns. of drugs metabolized by this pathway. In vitro studies have suggested that **sumatriptan** is metabolized primarily by the monoamine oxidase-A isoenzyme and not by CYP3A4. This study sought to det. the effect of co-administration of clarithromycin dosed to steady state on the pharmacokinetics of a single dose of **sumatriptan**. A secondary objective was to assess the safety and tolerability of combining these agents. This was an open-label, randomized, 2-way crossover study in healthy volunteers. During treatment period 1, subjects received either a single oral dose of **sumatriptan** 50 mg (**sumatriptan** alone) or clarithromycin 500 mg orally every 12 h on days 1 to 3 and a single oral dose of **sumatriptan** 50 mg plus a single oral dose of clarithromycin 500 mg on the morning of day 4 (combination treatment). During treatment period 2, they received the alternative regimen. Equivalence between **sumatriptan** alone and combination treatment was concluded if the 90% CI for the ratio of ref. to test means of loge-transformed data for area under the plasma concn.-time curve extrapolated to infinity (AUC.infin.) and max. plasma concn. (Cmax) fell within the interval from 0.8 to 1.25. In the 24 evaluable subjects (12 men, 12 women) included in the pharmacokinetic anal., mean **sumatriptan** AUC.infin. and Cmax values after administration of combination treatment were 9% and 14% higher, resp., than the corresponding values after administration of **sumatriptan** alone. The 90% CI for the ratio of ref. to test means for AUC.infin. was 1.03 to 1.15. The 90% CI for the ratio of ref. to test means for Cmax was 1.03 to 1.26, above the traditional bioequivalence criterion. All other pharmacokinetic parameters tested, including nonparametric anal. of the time to Cmax, met the criterion for equivalence between treatments. Both treatments were well tolerated in the 27 subjects (13 men, 14 women) included in the safety anal. Thus, the extent of absorption of **sumatriptan** was similar after oral administration alone and in combination with clarithromycin dosed to steady state. These data are consistent with previous reports that **sumatriptan** is unaffected by co-administration with the potent CYP3A4 inhibitor clarithromycin, supporting concomitant administration of these agents without the need for dose adjustment of **sumatriptan** in the acute treatment of **migraine**.

ST pharmacokinetics **sumatriptan** clarithromycin combined therapy
IT 5-HT antagonists

(5-HT1B/1D; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT Macrolides
RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(antibiotics; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT Antibiotics
(macrolide; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT **Antimigraine agents**

Blood plasma
Human
(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT 329736-03-0, Cytochrome P 450 3A4
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(lack of involvement in **sumatriptan** pharmacokinetics; pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

IT 81103-11-9, Clarithromycin 103628-46-2, **Sumatriptan**
RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

RE.CNT 25 THERE ARE 25 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

- (1) Amsden, G; Ann Pharmacother 1995, V29, P906 HCAPLUS
- (2) Anon; Relpax [package insert] 2001
- (3) Chu, S; J Clin Pharmacol 1993, V33, P719 HCAPLUS
- (4) Conover, W; Practical Nonparametric Statistics 2nd ed 1980, P223
- (5) Dahlof, C; Neurology 2001, V57, P1811 HCAPLUS
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- (7) Duquesnoy, C; Eur J Pharm Sci 1998, V6, P99 HCAPLUS
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- (9) Fraschini, F; Clin Pharmacokinet 1993, V25, P189 HCAPLUS
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- (11) Havanka, H; Clin Ther 2000, V22, P970 HCAPLUS
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- (20) The Oral Sumatriptan Dose-Defining Study Group; Eur Neurol 1991, V31, P300
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- (22) Watkins, V; Ann Pharmacother 1997, V31, P349 HCAPLUS
- (23) Williams, P; Cephalgia 1997, V17, P408
- (24) Yeates, R; Int J Clin Pharmacol Ther 1997, V35, P577 HCAPLUS
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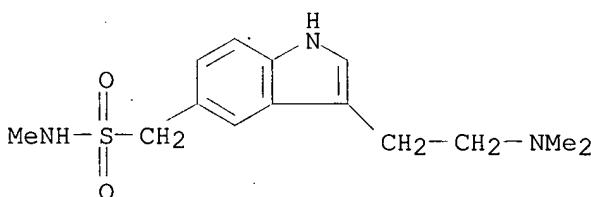
IT 103628-46-2, **Sumatriptan**

RL: PKT (Pharmacokinetics); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(pharmacokinetics of **sumatriptan** when co-administered with clarithromycin in healthy volunteers)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
(CA INDEX NAME)



L85 ANSWER 4 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2001:434850 HCAPLUS

DN 135:37196

TI Formulations of 5-HT1 agonists and COX-2 inhibitors

IN Guterman, Donna; Salonen, Reijo Juhani

PA Glaxo Group Limited, UK

SO PCT Int. Appl., 11 pp.

CODEN: PIXXD2

DT Patent

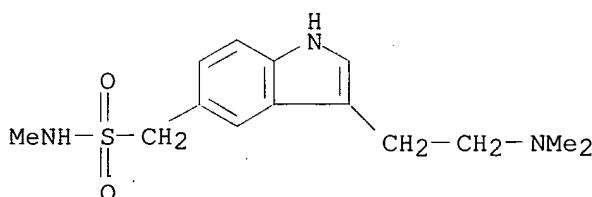
LA English

IC ICM A61K031-00

CC 63-6 (Pharmaceuticals)

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2001041749	A2	20010614	WO 2000-GB4532	20001128
	WO 2001041749	A3	20020321		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	EP 1235576	A2	20020904	EP 2000-979767	20001128
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	JP 2003516349	T2	20030513	JP 2001-543094	20001128
	US 2003018031	A1	20030123	US 2002-227990	20020826
PRAI	GB 1999-29039	A	19991208		
	US 2000-723828	B1	20001128		
	WO 2000-GB4532	W	20001128		
AB	A method of treating conditions assocd. with cephalic pain (e.g., migraine , cluster headache) and alleviating the symptoms comprises administering to a mammal a 5HT1 agonist such as sumatriptan or a physiol. acceptable salt or a solvate and a COX-2 inhibitor, 2-(4-ethoxyphenyl)-3-((4-methanesulfonyl)phenyl)pyrazolo[1,5-b]pyridazine or a salt or a solvate. A proposed dose of 5HT1 agonist for administration to humans (of approx. 70 kg body wt.) is 0.001-500 mg/unit dose which may be administered 1-4 times/day.				
ST	COX2 inhibitor 5HT1 agonist formulation; sumatriptan pyrazolopyridazine formulation				
IT	5-HT agonists Antimigraine agents (formulations of 5-HT1 agonists and COX-2 inhibitors)				
IT	Drug delivery systems (oral; formulations of 5-HT1 agonists and COX-2 inhibitors)				
IT	103628-46-2, Sumatriptan 221148-46-5 RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (formulations of 5-HT1 agonists and COX-2 inhibitors)				
IT	329900-75-6, Cyclooxygenase-2 RL: BSU (Biological study, unclassified); BIOL (Biological study) (inhibitors; formulations of 5-HT1 agonists and COX-2 inhibitors)				
IT	103628-46-2, Sumatriptan RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses) (formulations of 5-HT1 agonists and COX-2 inhibitors)				
RN	103628-46-2 HCPLUS				
CN	1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) (CA INDEX NAME)				



TI Effect of encapsulation on absorption of **sumatriptan** tablets:
 data from healthy volunteers and patients during a **migraine**
 AU Fuseau, Eliane; Petricoul, Olivier; Sabin, Antony; Pereira, Adrian;
 O'Quinn, Stephen; Thein, Stephen; Leibowitz, Mark; Purdon, Helen;
 McNeal, Scott; Salonen, Reijo; Metz, Alan; Coates, Peter
 CS EMF Consulting France, Siret, Fr.
 SO Clinical Therapeutics (2001), 23(2), 242-251
 CODEN: CLTHDG; ISSN: 0149-2918
 PB Excerpta Medica, Inc.
 DT Journal
 LA English
 CC 63-6 (Pharmaceuticals)
 Section cross-reference(s): 1
 AB Background: Some comparative trials of selective serotonin 1B/1D-agonists in **migraine** have reported .apprx.15% lower efficacy for **sumatriptan** tablets than that reported in placebo-controlled trials. Objective: This study was designed to test the hypothesis that the encapsulation methods used to mask active drug may delay absorption of **sumatriptan** from dosing to 2 h after dosing (the traditional end point in clin. trials of **migraine** treatment), and effect that may be enhanced by **migraine**-assocd. gastric stasis. Methods: Two randomized, open-label, 2-way crossover trials were conducted to evaluate the absorption and bioequivalence of conventional 50-mg **sumatriptan** tablets and encapsulated 50-mg **sumatriptan** tablets in supine, fasted, healthy volunteers (Glaxo Well-come protocol SUM40270) and supine patients experiencing a **migraine** (Glaxo Wellcome protocol SUM40268). Absorption was assessed by calcg. the area under the plasma concn.-time curve from dosing to 2 h after dosing (AUC2) and the times to first measurable plasma concn., 10 ng/mL, 20 ng/mL, and max. plasma concn. Data for the AUC from time zero to infinity and max. plasma concn. were used to assess std. bioequivalence, which is considered to occur when the 90% CIs for the geometric mean treatment ratios (test/ref.) fall between 0.8 and 1.25. Results: Study 1 included 26 healthy subjects (73% men, 27% women; mean age, 39.1 yr), and study 2 included 30 patients with **migraine** (67% women, 33% men; mean age, 42.7 yr). **Sumatriptan** absorption was delayed with the encapsulated tablet compared with the conventional tablet 0 to 2 h after dosing, particularly during a **migraine**. AUC2 values with encapsulated **sumatriptan** compared with the conventional tablet were 21% lower in healthy volunteers (ratio of capsule/tablet, 0.79; 90% CI, 0.588-1.050) and 27% lower in patients experiencing a **migraine** (ratio of capsule/tablet, 0.73; 90% CI, 0.519-1.023). Std. bioequivalence was demonstrated in both healthy volunteers and patients experiencing a **migraine**. Conclusions: Encapsulation delayed absorption of **sumatriptan** 0 to .2 h after dosing, particularly during a **migraine**. This delay in absorption of the encapsulated form may account for the lower efficacy of **sumatriptan** in some comparative studies.
 ST **sumatriptan** encapsulation absorption **migraine**
 IT Drug delivery systems
 (capsules; effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
 IT Antimigraine agents
 Drug bioequivalence
 (effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
 IT 103628-46-2, **Sumatriptan**
 RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
 (effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)
 RE.CNT 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD

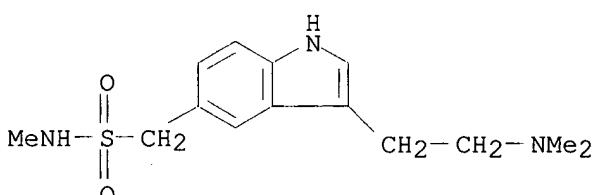
RE

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IT 103628-46-2, Sumatriptan

RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
 (effect of encapsulation on absorption of **sumatriptan** tablets in humans with **migraine**)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
 (CA INDEX NAME)

L85 ANSWER 6 OF 11 HCAPLUS COPYRIGHT 2003 ACS
 AN 2000:790303 HCAPLUS
 DN 133:329615
 TI Device and method using a 5-HT1 agonist for prophylaxis of **migraine**
 IN Cady, Roger K.; Guterman, Donna Lee; O'Quinn, Stephen Venson
 PA Glaxo Group Limited, UK
 SO PCT Int. Appl., 32 pp.
 CODEN: PIXXD2
 DT Patent
 LA English
 IC ICM A61K031-40
 ICS A61P025-06
 CC 1-11 (Pharmacology)
 Section cross-reference(s): 63

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000066115	A1	20001109	WO 1999-US9414	19990429
	W: AE, AL, AM; AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ,				

DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS,
 JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK,
 MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ,
 TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ,
 MD, RU, TJ, TM
 RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK,
 ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG,
 CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

AU 9937745 A1 20001117 AU 1999-37745 19990429
 PRAI US 1998-185310 A2 19981103
 WO 1999-US9414 A 19990429

AB The invention provides a method of preventing the **headache** phase of **migraine** in a human comprising administration of a 5HT1 agonist to said human exhibiting **prodrome** symptoms of **migraine**. Suitably, the method comprises administration of **migraine headache** phase-preventing effective amt. of the 5HT1 agonist. There is disclosed a **preemptive** prophylaxis **migraine** method using the following **cognitive** tests:

Simple Reaction Time; Running Memory

Continuous Performance Task; Matching to

Sample; Math. Processing Task; and interprets

the results as a percent of **baseline** indicator of need for prophylaxis. A **preemptive** prophylaxis **migraine** device including a microprocessor having a **memory**, a battery of tests loaded into the **memory** of the microprocessor and including a

Simple Reaction Time, a Running

Memory Continuous Performance Task, a Matching

to **Sample**, and a **Math. Processing Task**;

means for computing the score on a trial of these tests to establish a **baseline** and for storing the **baseline** in the **memory**; the means for computing being operative for computing the score of a subsequent trial of the tests and comparing the same to the stored **baseline**; and means for indicating a **cognitive** change.

ST serotonergic S1 agonist **migraine headache** prophylaxis; app **migraine headache** prophylaxis

IT **Antimigraine agents**

Cognition

Computer application

Drug delivery systems

(5-HT1 agonist and device for prophylaxis of **migraine**)

IT 5-HT agonists

(5-HT1; 5-HT1 agonist and device for prophylaxis of **migraine**)

IT **Headache**

(**headache** phase of **migraine**; 5-HT1 agonist and device for prophylaxis of **migraine**)

IT 103628-46-2, Sumatriptan 121679-13-8,
 Naratriptan 139264-17-8, Zolmitriptan
 143322-58-1, Eletriptan 144034-80-0,
 Rizatriptan 154323-57-6, Almotriptan
 158747-02-5, Frovatriptan

RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(5-HT1 agonist and device for prophylaxis of **migraine**)

RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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- (5) Glaxo Group Ltd; EP 0490689 A 1992 HCPLUS
- (6) Glaxo Group Ltd; EP 0503440 A 1992 HCPLUS

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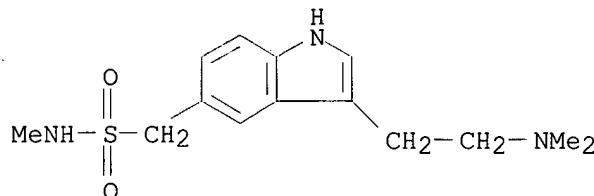
IT 103628-46-2, Sumatriptan 121679-13-8,
 Naratriptan 139264-17-8, Zolmitriptan
 143322-58-1, Eletriptan 144034-80-0,
 Rizatriptan 154323-57-6, Almotriptan
 158747-02-5, Frovatriptan

RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(5-HT1 agonist and device for prophylaxis of **migraine**)

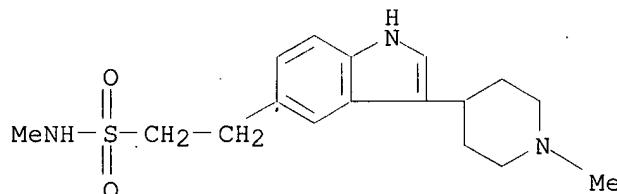
RN 103628-46-2 HCPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
 (CA INDEX NAME)



RN 121679-13-8 HCPLUS

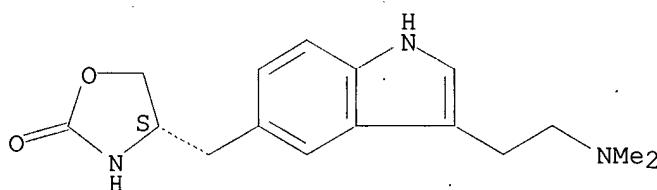
CN 1H-Indole-5-ethanesulfonamide, N-methyl-3-(1-methyl-4-piperidinyl)- (9CI)
 (CA INDEX NAME)



RN 139264-17-8 HCPLUS

CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)

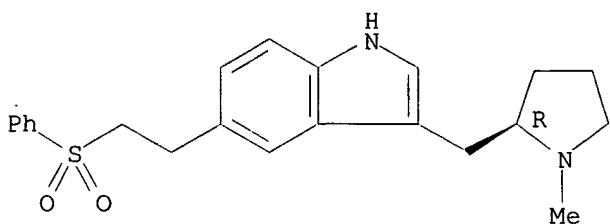
Absolute stereochemistry.



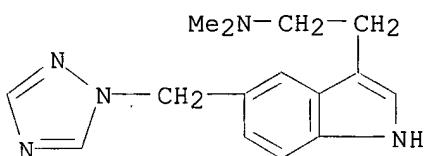
RN 143322-58-1 HCPLUS

CN 1H-Indole, 3-[(2R)-1-methyl-2-pyrrolidinyl]methyl]-5-[2-(phenylsulfonyl)ethyl]- (9CI) (CA INDEX NAME)

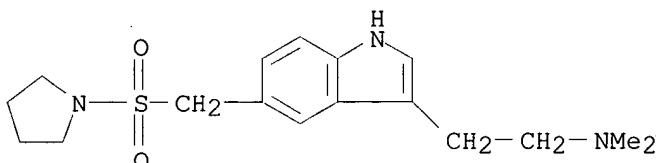
Absolute stereochemistry. Rotation (+).



RN 144034-80-0 HCAPLUS

CN 1H-Indole-3-ethanamine, N,N-dimethyl-5-(1H-1,2,4-triazol-1-ylmethyl)-
(9CI) (CA INDEX NAME)

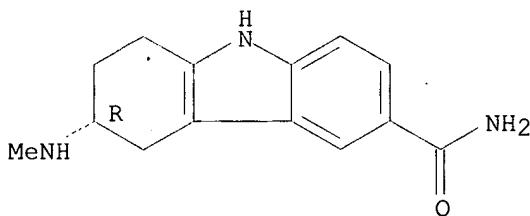
RN 154323-57-6 HCAPLUS

CN Pyrrolidine, 1-[[[3-[2-(dimethylamino)ethyl]-1H-indol-5-
yl]methyl]sulfonyl]- (9CI) (CA INDEX NAME)

RN 158747-02-5 HCAPLUS

CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (3R)-
(9CI) (CA INDEX NAME)

Absolute stereochemistry. Rotation (+).



L85 ANSWER 7 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 2000:773296 HCAPLUS

DN 134:361238

TI Effect of early intervention with **sumatriptan** on
migraine pain: Retrospective analyses of data from three clinical
trialsAU Cady, Roger K.; Sheftell, Fred; Lipton, Richard B.;
O'Quinn, Stephen; Jones, Martin; Putnam, D. Gayla; Crisp, Adam;
Metz, Alan; McNeal, Scott

CS Headache Care Center, Springfield, MO, USA
 SO Clinical Therapeutics (2000), 22(9), 1035-1048
 CODEN: CLTHDG; ISSN: 0149-2918
 PB Excerpta Medica, Inc.
 DT Journal
 LA English
 CC 1-11 (Pharmacology)
 AB This study assessed the efficacy of **sumatriptan** 50- and 100-mg tablets in the treatment of **migraine** attacks while the pain is mild rather than moderate/severe. Results from The Spectrum Study suggested that early treatment of **migraine** attacks with **sumatriptan** 50-mg tablets while the pain is mild might enhance pain-free response and reduce **headache** recurrence. Retrospective analyses of **headaches** treated during mild pain were performed using data from 3 studies of **sumatriptan** tablets (protocols S2CM09, S2BT25, and S2BT26). Our primary interest was pain-free response 2 and 4 h after dosing; secondary interests were use of a second dose of medication, clin. disability (as measured on a 4-point disability scale), **migraine**-assocd. symptoms, meaningful pain relief (patient defined), time to meaningful relief, sustained pain-free response, and proportion of attacks in which pain had worsened 2 and 4 h after dosing, all of which were compared in **headaches** treated during mild vs. moderate/severe pain. In S2CM09, 92 patients treated 118 **headaches** during mild pain. Rates of pain-free response were higher 2 h after dosing with **sumatriptan** 50 mg (51%) or 100 mg (67%; $P < 0.05$) compared with placebo (28%), and were higher with early treatment of mild pain compared with treatment of moderate/severe pain at 2 h (**sumatriptan** 50 mg: mild pain, 51%; moderate/severe pain, 31%; $P < 0.05$; **sumatriptan** 100 mg: mild pain, 67%; moderate/severe pain, 36%) and 4 h (50 mg: 75% vs. 56%; 100 mg: 90% vs. 61%; $P < 0.05$). Early intervention also resulted in less redosing than when moderate/severe pain was treated (50 mg: 21% vs. 32%; 100 mg: 20% vs. 29%). More attacks treated early with **sumatriptan** 50 or 100 mg were assocd. with normal function 4 h after dosing compared with placebo (70% and 93% vs. 46%, resp.). Sustained pain-free response rates 2 to 24 h after early dosing with **sumatriptan** 50 or 100 mg were also higher (34% and 53%, resp.) compared with treatment of moderate/severe pain (19% and 24%, resp.). Early treatment with **sumatriptan** 100 mg produced significantly higher pain-free rates at 2 h after dosing ($P < 0.001$) than did ergotamine plus caffeine (S2BT25: 69% vs. 34%, resp.) or **aspirin** plus metoclopramide (S2BT26: 73% vs. 25%, resp.). **Sumatriptan** 50- and 100- mg tablets are effective whether pain is mild or moderate/severe. However, treatment with **sumatriptan** while pain is mild provides high pain-free response rates while reducing the need for redosing, benefits not seen with ergotamine plus caffeine or **aspirin** plus metoclopramide.

ST **sumatriptan** **migraine** pain
 IT **Antimigraine** agents
 (effect of early intervention with **sumatriptan** on
 migraine pain)
 IT **Headache**
 (**migraine**; effect of early intervention with
 sumatriptan on **migraine** pain)
 IT 103628-46-2, **Sumatriptan**
 RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (effect of early intervention with **sumatriptan** on
 migraine pain)
 RE.CNT 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
 RE
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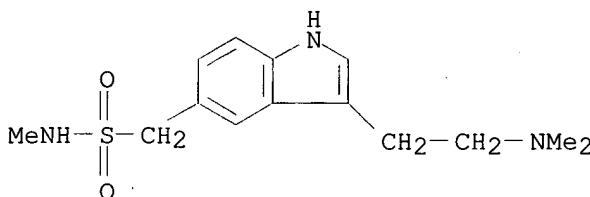
IT 103628-46-2, **Sumatriptan**

RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(effect of early intervention with **sumatriptan** on **migraine** pain)

RN 103628-46-2 HCPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI) .
 (CA INDEX NAME)



L85 ANSWER 8 OF 11 HCPLUS COPYRIGHT 2003 ACS

AN 2000:598217 HCPLUS

DN 134:51287

TI Effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**: results of a randomized, double-blind, placebo-controlled clinical trial

AU Schulman, Elliot A.; Cady, Roger K.; Henry, Dan; Batenhorst, Alice S.; Putnam, D. Gayla; Watson, Carolyn B.; O'Quinn, Stephen O.

CS Center for Headache Management, Springfield, PA, USA

SO Mayo Clinic Proceedings (2000), 75(8), 782-789

CODEN: MACPAJ; ISSN: 0025-6196

PB Dowden Health Media, Inc.

DT Journal

LA English

CC 1-11 (Pharmacology)

AB Objective: To det. the effect of **sumatriptan** on **migraine** -related workplace productivity loss. Patients and Methods: In this randomized, double-blind, placebo-controlled, parallel-group trial, adult **migraineurs** self-injected 6 mg of **sumatriptan** or matching placebo to treat a moderate or severe **migraine** within the first 4 h of a min. of an 8-h work shift. Outcome measures included productivity loss and no. of patients returning to normal work performance 2 h after injection and across the work shift, time to return to normal

work performance, and time to **headache** relief. Results: A total of 206 patients underwent screening, 140 (safety population) of whom returned for clinic treatment. Of these 140 patients, 119 received **migraine** treatment in the workplace (intent-to-treat population), 116 of whom comprised the study population. Of these 116 patients, 76 self-administered **sumatriptan**, and 40 self-administered placebo.

Sumatriptan treatment tended to reduce median productivity loss 2 h after injection compared with placebo (25.2 vs. 29.9 min, resp.; P=.14). Significant redns. in productivity loss were obtained across the work shift after **sumatriptan** treatment compared with placebo (36.8 vs. 72.6 min, resp.; P=.001). Significantly more **sumatriptan**-treated patients vs. placebo-treated patients experienced shorter return to normal work performance at 2 h (53/76 [70%] vs. 12/40 [30%, resp.]) and across the work shift (64/76 [84%] vs. 23/40 [58%, resp.; P<.001]). Significantly more **sumatriptan**-treated patients experienced **headache** relief 1 h after injection compared with placebo-treated patients (48/76 [63%] vs. 13/40 [33%, resp.; P=.004]).

ST **sumatriptan** productivity loss **migraine**
headache

IT **Antimigraine agents**

(effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

IT Mental activity

(performance; effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

IT 103628-46-2, **Sumatriptan**

RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)

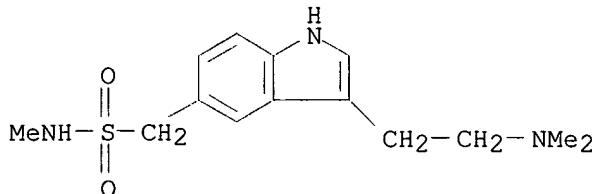
RE.CNT 29 THERE ARE 29 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

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Employment Data 1996

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 IT 103628-46-2, **Sumatriptan**
 RL: ADV (Adverse effect, including toxicity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**, a clin. trial)
 RN 103628-46-2 HCAPLUS
 CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
 (CA INDEX NAME)



- L85 ANSWER 9 OF 11 HCAPLUS COPYRIGHT 2003 ACS
 AN 1999:771908 HCAPLUS
 DN 133:12631
 TI Pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**: a prospective study
 AU O'Quinn, S.; Ephross, Sara A.; Williams, Vanessa; Davis, R. L.; Guterman, Donna L.; Fox, A. W.
 CS Clinical Research, Glaxo Wellcome Research Institute, Research Triangle Park, NC, 27709, USA
 SO Archives of Gynecology and Obstetrics (1999), 263(1/2), 7-12
 CODEN: AGOBEJ; ISSN: 0932-0067
 PB Springer-Verlag
 DT Journal
 LA English
 CC 1-11 (Pharmacology)
 AB Perinatal pregnancy outcomes were compared in women who did and did not use **sumatriptan** after conception. An open-label, prospective study was conducted in 12,339 **migraineurs** (including 9861 women) whose demog. and consumption pattern of **sumatriptan** injections were typical, and were predicted to include 150 pregnancies. Perinatal and pregnancy outcome did not differ between patients who had and had not used **sumatriptan** after conception, at the resoln. of these sample sizes. This study design complements the ongoing pregnancy registry, which is now widened to patients exposed to all formulations of **sumatriptan**.
 ST **sumatriptan** **migraine** pregnancy
 IT Headache
 (migraine; pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
 IT Antimigraine agents
 Pregnancy
 Teratogens
 (pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
 IT 103628-46-2, **Sumatriptan**
 RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
 (pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)
 RE.CNT 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD

RE

- (1) Andrews, E; *Obstet Gynecol* 1992, V79, P7 MEDLINE
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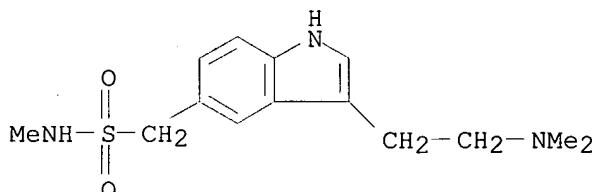
IT 103628-46-2, Sumatriptan

RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)

(pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**)

RN 103628-46-2 HCAPLUS

CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
(CA INDEX NAME)



L85 ANSWER 10 OF 11 HCAPLUS COPYRIGHT 2003 ACS

AN 1999:81572 HCAPLUS

DN 130:144184

TI Use of compositions containing the combination of **acetaminophen**, **aspirin** and **caffeine** to alleviate the pain and symptoms of **migraine**

IN Armellino, Joseph J.; Koslo, Randy J.

PA Bristol-Myers Squibb Company, USA

III Bristol Myers Squibb
SO PCT Int. Appl., 43 pp.

CODEN: PIXXD2

DT Patent

DI LA English

ENGLISH
IC ICM A61K031-60

CC 63-6 (Pharmaceuticals)

Section cross-reference(s): 1

FAN.CNT 1

ENVIRON +
PATE

PATENT NO. KIND DATE APPLICATION NO. DATE

PI WO 9903475 A1 19990128 WO 1998-US13328 19980625

W: AL, AU, BA, BB, BG, BR, BY, CA, CN, CU, CZ, EE, GE, GW, HU, ID, IL, IS, JP, KP, KR, LC, LK, LR, LT, LV, MG, MK, MN, MX, NO, NZ, PL, RO, RU, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UZ, VN, YU, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
 RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG

US 5972916 A 19991026 US 1998-21284 19980210
 AU 9881705 A1 19990210 AU 1998-81705 19980625
 EP 994714 A1 20000426 EP 1998-931635 19980625
 EP 994714 B1 20030514

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI

ZA 9806219 A 20000113 ZA 1998-6219 19980713

PRAI US 1997-52426P P 19970714
 US 1998-21284 A 19980210
 WO 1998-US13328 W 19980625

AB The invention provides a safe and economical nonprescription combination of **acetaminophen**, **aspirin** and **caffeine** (APAP/ASA/CAF) for use in treating **migraine** pain and the cluster of symptoms characteristic of **migraine** attack, such as nausea, photophobia, phonophobia and functional disabilities. In accordance with the present invention, the use of the APAP/ASA/CAF combination is also effective in aborting the **prodrome** phase of a **migraine** attack, prior to the onset of the **migraine**-assocd. symptoms, aborting the symptoms of **migraine** attack prior to the onset of severe, throbbing **migraine** pain, and aborting **migraine** pain after a **migraine** has fully developed. In accordance with the present invention, the efficacy of the APAP/ASA/CAF combination treatment in reducing and eliminating **migraine** pain is at a parity with the efficacy of **sumatriptan**, a known, but dissimilar, anti-**migraine** agent, used at similar dosing regimens. Use of the APAP/ASA/CAF combination compn. treatment at the unit dose also advantageously reduces/obviates the need of the **migraine** sufferer to re-dose or re-medicate at the end of the dosing period in accordance with the present invention.

ST **antimigraine** formulation **acetaminophen aspirin caffeine**

IT Drug delivery systems

(capsules; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT **Antimigraine agents**

(combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Nausea

(inhibition of; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems

(oral; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Mental disorder

(phobia, phono-, inhibition of; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems

(suppositories; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT Drug delivery systems

(tablets; combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

IT 50-78-2, Aspirin 58-08-2, Caffeine, biological studies 103-90-2, Acetaminophen
 RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
 (combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

RE.CNT 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD

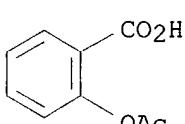
RE

- (1) Diener; Arzneimittel Therapie 1988, V6, P156
- (2) Dirk, K; DE 19502789 A 1996 HCPLUS
- (3) Egyt Gyogyszervegyeszeti Gyar; WO 9507082 A 1995 HCPLUS
- (4) Fozard, J; US 4585866 A 1986 HCPLUS
- (5) Haag; Deutsche Apotheker Zeitung 1998, V138(4), P43
- (6) Johnson, E; US 4758433 A 1988 HCPLUS
- (7) Kursk Pharm Cpd Stock Co; RU 2101014 A 1998 HCPLUS
- (8) Kursk Pharm Cpd Stock Co; RU 2101014 A 1998 HCPLUS
- (9) Lion Corp; JP 55047618 A 1980 HCPLUS
- (10) Lion Corp; JP 55047618 A 1980 HCPLUS
- (11) Lion Dentifrice Co Ltd; JP 55047618 A 1980 HCPLUS
- (12) Migliardi; Clinical Pharmacology and Therapeutics 1994, V56(5), P576
 MEDLINE
- (13) Oktyabr Chem Pharm Stock Co; RU 2034533 A HCPLUS
- (14) Oktyabr Chem Pharm Stock Co; RU 2034533 A 1995 HCPLUS
- (15) Pavel And Baluch; 1994, 8, HCPLUS
- (16) Slovakia; CS 277525 A 1993 HCPLUS

IT 50-78-2, Aspirin 58-08-2, Caffeine, biological studies 103-90-2, Acetaminophen
 RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); PEP (Physical, engineering or chemical process); THU (Therapeutic use); BIOL (Biological study); PROC (Process); USES (Uses)
 (combination of **acetaminophen**, **aspirin**, and **caffeine** to alleviate the pain and symptoms of **migraine**)

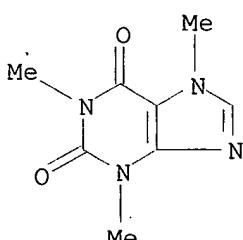
RN 50-78-2 HCPLUS

CN Benzoic acid, 2-(acetyloxy)- (9CI) (CA INDEX NAME)

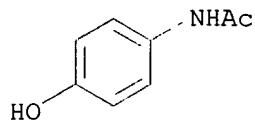


RN 58-08-2 HCPLUS

CN 1H-Purine-2,6-dione, 3,7-dihydro-1,3,7-trimethyl- (9CI) (CA INDEX NAME)

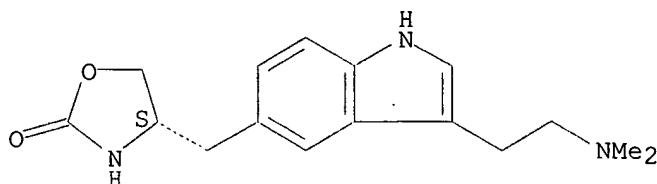


RN 103-90-2 HCAPLUS
 CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)



L85 ANSWER 11 OF 11 HCAPLUS COPYRIGHT 2003 ACS
 AN 1997:778609 HCAPLUS
 DN 128:84344
 TI Clinical efficacy and tolerability of 2.5 mg **zolmitriptan** for the acute treatment of **migraine**
 AU Solomon, G. D.; Cady, R. K.; Klapper, J. A.; Earl, N. L.; Saper, J. R.; Ramadan, N. M.
 CS Cleveland Clinic Foundation, Cleveland, OH, USA
 SO Neurology (1997), 49(5), 1219-1225
 CODEN: NEURAI; ISSN: 0028-3878
 PB Lippincott-Raven Publishers
 DT Journal
 LA English
 CC 1-11 (Pharmacology)
 AB Female and male patients, 12-65 yr old, with **migraine** (with or without aura) for ≥ 1 yr, 1-6 **migraines** per mo, and age at onset < 50 yr were included; 327 patients were screened and randomized to receive either **zolmitriptan** or placebo. Patients treated a single moderate or severe **migraine headache** with 2.5 mg **zolmitriptan** or placebo and recorded clin. efficacy and adverse events on a diary form. **Headache** response after 2 h was 62% for **zolmitriptan** compared with 36% for placebo; after 4 h, **headache** response was 70% and 37%, resp. **Headache** recurrence in patients treated with 2.5 mg **zolmitriptan** was 22% (vs. placebo 30%). The **headache** response after 4 h, pain-free rate, and response rate of nonheadache symptoms favored **zolmitriptan** over placebo. No serious adverse events were assocd. with **zolmitriptan** treatment. A 2.5-mg dose of **zolmitriptan** is clin. effective and well tolerated for the acute treatment of **migraine**.
 ST **zolmitriptan** **migraine**
 IT **Headache**
 (migraine; zolmitriptan treatment of acute)
 IT 139264-17-8, **Zolmitriptan**
 RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (migraine of humans treatment by)
 IT 139264-17-8, **Zolmitriptan**
 RL: ADV (Adverse effect, including toxicity); BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
 (migraine of humans treatment by)
 RN 139264-17-8 HCAPLUS
 CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)

Absolute stereochemistry.



=> sel hit rn 185
E1 THROUGH E10 ASSIGNED

=> fil reg
FILE 'REGISTRY' ENTERED AT 12:42:57 ON 09 JUN 2003
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
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STRUCTURE FILE UPDATES: 6 JUN 2003 HIGHEST RN 526915-11-7
DICTIONARY FILE UPDATES: 6 JUN 2003 HIGHEST RN 526915-11-7

TSCA INFORMATION NOW CURRENT THROUGH JANUARY 6, 2003

Please note that search-term pricing does apply when conducting SmartSELECT searches.

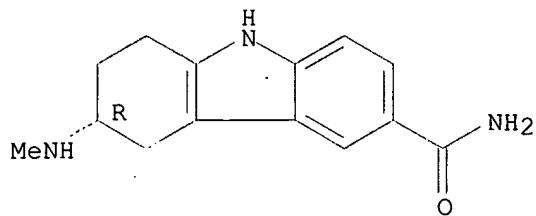
Crossover limits have been increased. See HELP CROSSOVER for details.

Experimental and calculated property data are now available. See HELP PROPERTIES for more information. See STNote 27, Searching Properties in the CAS Registry File, for complete details:
<http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf>

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L87 ANSWER 1 OF 10 REGISTRY COPYRIGHT 2003 ACS
RN 158747-02-5 REGISTRY
CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (3R)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1H-Carbazole-6-carboxamide, 2,3,4,9-tetrahydro-3-(methylamino)-, (R)-
OTHER NAMES:
CN Frovatriptan
CN SB 209509
FS STEREOSEARCH
MF C14 H17 N3 O
CI COM
SR CA
LC STN Files: ADISNEWS, BIOSIS, BIOTECHNO, CA, CAPLUS, CBNB, CEN, CIN, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL

Absolute stereochemistry. Rotation (+).



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

50 REFERENCES IN FILE CA (1957 TO DATE)
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REFERENCE 1: 138:280580

REFERENCE 2: 138:248536

REFERENCE 3: 138:95633

REFERENCE 4: 138:49321

REFERENCE 5: 138:49312

REFERENCE 6: 137:389179

REFERENCE 7: 137:389177

REFERENCE 8: 137:379454

REFERENCE 9: 137:345466

REFERENCE 10: 137:150161

L87 ANSWER 2 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 154323-57-6 REGISTRY

CN Pyrrolidine, 1-[[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]sulfonyl]- (9CI) (CA INDEX NAME)

OTHER NAMES:

CN **Almotriptan**

CN LAS 31416

FS 3D CONCORD

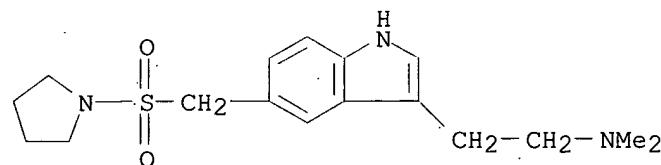
MF C17 H25 N3 O2 S

CI COM

SR CA

LC STN Files: ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL

(*File contains numerically searchable property data)



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 60 REFERENCES IN FILE CAPLUS (1957 TO DATE)

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REFERENCE 2: 138:248536

REFERENCE 3: 138:95633

REFERENCE 4: 138:61375

REFERENCE 5: 138:49312

REFERENCE 6: 138:39187

REFERENCE 7: 137:379454

REFERENCE 8: 137:316091

REFERENCE 9: 137:149628

REFERENCE 10: 137:88277

L87 ANSWER 3 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 144034-80-0 REGISTRY

CN 1H-Indole-3-ethanamine, N,N-dimethyl-5-(1H-1,2,4-triazol-1-ylmethyl)-
 (9CI). (CA INDEX NAME)

OTHER NAMES:

CN Maxalt

CN MK 462 free base

CN Rizatriptan

CN **Rizatriptan**

FS 3D CONCORD

DR 174662-68-1

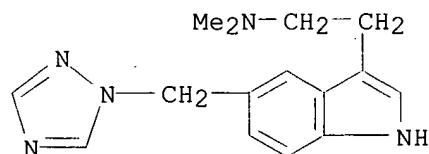
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SR CA

LC STN Files: ADISINSIGHT, ADISNEWS, BIOBUSINESS, BIOSIS, BIOTECHNO, CA,
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 USPAT2, USPATFULL

(*File contains numerically searchable property data)



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 131 REFERENCES IN FILE CAPLUS (1957 TO DATE)

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 REFERENCE 5: 138:180433
 REFERENCE 6: 138:100738
 REFERENCE 7: 138:95633
 REFERENCE 8: 138:39187
 REFERENCE 9: 137:389178
 REFERENCE 10: 137:389177

L87 ANSWER 4 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 143322-58-1 REGISTRY

CN 1H-Indole, 3-[(2R)-1-methyl-2-pyrrolidinyl]methyl]-5-[2-(phenylsulfonyl)ethyl]- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN 1H-Indole, 3-[(1-methyl-2-pyrrolidinyl)methyl]-5-[2-(phenylsulfonyl)ethyl]-, (R)-

OTHER NAMES:

CN (R)-5-[2-(Benzenesulfonyl)ethyl]-3-[(N-methylpyrrolidin-2-yl)methyl]-1H-indole

CN Eletiptan

CN UK 116044

FS STEREOSEARCH

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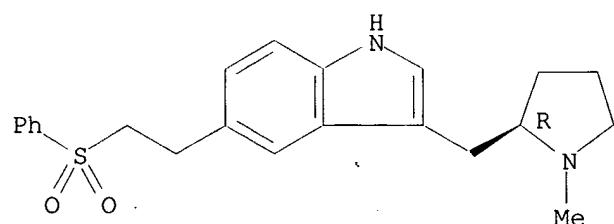
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LC STN Files: ADISINSIGHT, ADISNEWS, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CAPLUS, CASREACT, CBNB, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IPA, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL

(*File contains numerically searchable property data)

Absolute stereochemistry. Rotation (+).



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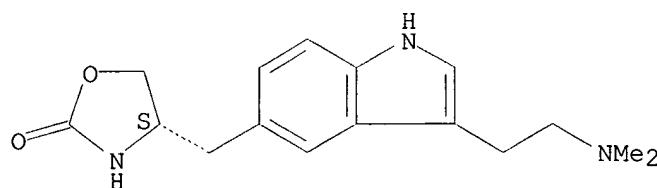
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 REFERENCE 9: 137:379454
 REFERENCE 10: 137:362962

L87 ANSWER 5 OF 10 REGISTRY COPYRIGHT 2003 ACS
 RN 139264-17-8 REGISTRY
 CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (4S)- (9CI) (CA INDEX NAME)
 OTHER CA INDEX NAMES:
 CN 2-Oxazolidinone, 4-[[3-[2-(dimethylamino)ethyl]-1H-indol-5-yl]methyl]-, (S)-
 OTHER NAMES:
 CN (S)-4-[[3-[2-(Dimethylamino)ethyl]-1H-indol-5-yl]methyl]-2-oxazolidinone
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 CN BW 311C90
 CN Zolmitriptan
 CN Zomig
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 (*File contains numerically searchable property data)

Absolute stereochemistry.



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 REFERENCE 7: 138:210343
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 REFERENCE 9: 138:100738
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L87 ANSWER 6 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 121679-13-8 REGISTRY

CN 1H-Indole-5-ethanesulfonamide, N-methyl-3-(1-methyl-4-piperidinyl)- (9CI)
 (CA INDEX NAME)

OTHER NAMES:

CN N-Methyl-3-(1-methyl-4-piperidyl)indole-5-ethanesulfonamide

CN Naratriptan

FS 3D CONCORD

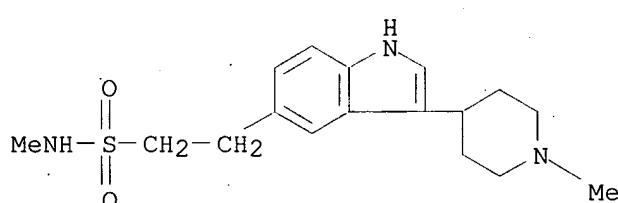
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SR CA

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 PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPAT2, USPATFULL
 (*File contains numerically searchable property data)

Other Sources: WHO



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134 REFERENCES IN FILE CAPLUS (1957 TO DATE)

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 REFERENCE 8: 138:100738
 REFERENCE 9: 138:95633
 REFERENCE 10: 138:39187

L87 ANSWER 7 OF 10 REGISTRY COPYRIGHT 2003 ACS
 RN 103628-46-2 REGISTRY
 CN 1H-Indole-5-methanesulfonamide, 3-[2-(dimethylamino)ethyl]-N-methyl- (9CI)
 (CA INDEX NAME)

OTHER NAMES:

CN 3-[2-(Dimethylamino)ethyl]-N-methyl-1H-indole-5-methanesulfonamide
 CN GR 43175

CN GR 43175X

CN Sumatriptan

FS 3D CONCORD

MF C14 H21 N3 O2 S

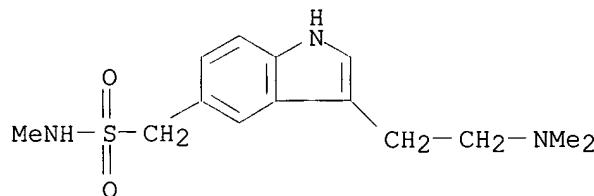
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 CHEMCATS, CIN, CSCHEM, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU,
 DRUGUPDATES, EMBASE, IPA, MEDLINE, MRCK*, PHAR, PROMT, RTECS*,
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Other Sources: WHO



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 REFERENCE 6: 138:313761

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L87 ANSWER 8 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 103-90-2 REGISTRY

CN Acetamide, N-(4-hydroxyphenyl)- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN Acetanilide, 4'-hydroxy- (7CI, 8CI)

OTHER NAMES:

CN 4'-Hydroxyacetanilide

CN 4-(Acetylamino)phenol

CN 4-(N-Acetylamino)phenol

CN 4-Aacetamidophenol

CN 4-Aacetaminophenol

CN 4-Hydroxyacetanilide

CN Abensanil

CN Acamol

CN Acenol

CN Acenol (pharmaceutical)

CN Acetagesic

CN Acetalgin

CN Acetaminofen

CN **Acetaminophen**

CN Algotropyl

CN Alpiny

CN Alvedon

CN Amadil

CN Anaflon

CN Anelix

CN Anhiba

CN Apamid

CN Apamide

CN APAP

CN Banesin

CN Ben-u-ron

CN Bickie-mol

CN Biocetamol

CN Calpol

CN Captin

CN Cetadol

CN Citramon P

CN Claratal

CN Clixodyne

CN Crocin

CN Dafalgan

CN Daphalgan

CN Datril

CN Dial-a-gesic

CN Dirox

CN Disprol

CN Doliprane

CN Dolprone

CN Duorol

CN Dymadon

CN Efferalgan

CN Enelfa

CN Eneril

CN Eu-Med

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FS 3D CONCORD

DR 8055-08-1

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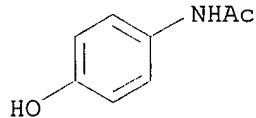
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LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, HODOC*, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NIOSHTIC, PHAR, PHARMASEARCH, PIRA, PROMT, RTECS*, SPECINFO, SYNTHLINE, TOXCENTER, ULIDAT, USAN, USPAT2, USPATFULL, VETU

(*File contains numerically searchable property data)

Other Sources: DSL**, EINECS**, TSCA**, WHO

(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

9948 REFERENCES IN FILE CA (1957 TO DATE)

234 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

9969 REFERENCES IN FILE CAPLUS (1957 TO DATE)

2 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:374188

REFERENCE 2: 138:373983

REFERENCE 3: 138:373972

REFERENCE 4: 138:373615

REFERENCE 5: 138:364972

REFERENCE 6: 138:363996

REFERENCE 7: 138:362675

REFERENCE 8: 138:362621

REFERENCE 9: 138:362552

REFERENCE 10: 138:362300

L87 ANSWER 9 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 58-08-2 REGISTRY

CN 1H-Purine-2,6-dione, 3,7-dihydro-1,3,7-trimethyl- (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:

CN Caffeine (8CI)

OTHER NAMES:

CN 1,3,7-Trimethyl-2,6-dioxopurine

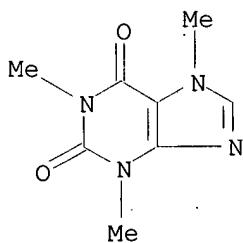
CN 1,3,7-Trimethylxanthine

CN 3,7-Dihydro-1,3,7-trimethyl-1H-purine-2,6-dione

CN 7-Methyltheophylline

CN Alert-Pep

CN Cafeina
 CN Caffedrine
 CN Caffein
 CN Cafipel
 CN Dasin
 CN DHCplus
 CN Diurex
 CN Guaranine
 CN Hycomine
 CN Koffein
 CN Mateina
 CN Methyltheobromine
 CN Miudol
 CN No-Doz
 CN Phensal
 CN Propoxyphene Compound 65
 CN Refresh'n
 CN Shape Plus
 CN SK 65 Compound
 CN Stay Alert
 CN Stim
 CN Synalgos
 CN Thein
 CN Theine
 CN Tri-Aqua
 CN Wigraine
 FS 3D CONCORD
 DR 95789-13-2, 71701-02-5
 MF C8 H10 N4 O2
 CI COM
 LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS,
 BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB,
 CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU,
 DETERM*; DIOGENES, DIPPR*, DRUGU, EMBASE, GMELIN*, HODOC*, HSDB*,
 IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT,
 NIOSHTIC, PDLCOM*, PIRA, PROMT, RTECS*, SPECINFO, TOXCENTER, ULIDAT,
 USAN, USPAT2, USPATFULL, VETU, VTB
 (*File contains numerically searchable property data)
 Other Sources: DSL**, EINECS**, TSCA**
 (**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

17258 REFERENCES IN FILE CA (1957 TO DATE)
 161 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
 17275 REFERENCES IN FILE CAPLUS (1957 TO DATE)
 3 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:374168

REFERENCE 2: 138:373665

REFERENCE 3: 138:367717

REFERENCE 4: 138:365580

REFERENCE 5: 138:364874

REFERENCE 6: 138:363023

REFERENCE 7: 138:362549

REFERENCE 8: 138:362521

REFERENCE 9: 138:362300

REFERENCE 10: 138:362127

L87 ANSWER 10 OF 10 REGISTRY COPYRIGHT 2003 ACS

RN 50-78-2 REGISTRY

CN Benzoic acid, 2-(acetyloxy)- (9CI) (CA INDEX NAME)

OTHER NAMES:

CN 2-(Acetyloxy)benzoic acid

CN 2-Acetoxybenzoic acid

CN 2-Carboxyphenyl acetate

CN A.S.A. Empirin

CN AC 5230

CN Acenterine

CN Acesal

CN Acesan

CN Acetard

CN Aceticyl

CN Acetilum acidulatum

CN Acetisal

CN Acetol

CN Acetonyl

CN Acetophen

CN Acetosal

CN Acetosalic acid

CN Acetosalin

CN Acetylin

CN Acetylsal

CN Acetylsalicylic acid

CN Acetyonyl

CN Acetysal

CN Acidum acetylsalicylicum

CN Acimetten

CN Acisal

CN Acylpyrin

CN Adiro

CN Albyl E

CN ASA

CN Asagran

CN Asatard

CN Ascoden 30

CN Ascriptin

CN Aspalon

CN Aspergum

CN Aspirdrops

CN **Aspirin**

CN Aspirin Protect 100

CN Aspirin Protect 300

CN Aspirina 03

CN Aspro
 CN Aspro Clear
 CN Aspropharm
 CN Asteric
 CN Bayer
 CN Benaspir
 CN Bialpirina
 CN Bialpirinia
 CN Caprin

ADDITIONAL NAMES NOT AVAILABLE IN THIS FORMAT - Use FCN, FIDE, or ALL for
 DISPLAY

FS 3D CONCORD

DR 11126-35-5, 11126-37-7, 98201-60-6, 2349-94-2, 26914-13-6

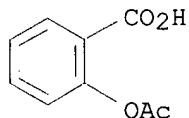
MF C9 H8 O4

CI COM

LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, AQUIRE, BEILSTEIN*, BIOBUSINESS,
 BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAOLD, CAPLUS, CASREACT, CBNB,
 CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU,
 DETHERM*, DIOGENES, DIPPR*, DRUGU, EMBASE, GMELIN*, HODOC*, HSDB*,
 IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, MSDS-OHS, NAPRALERT,
 NIOSHTIC, PDLCOM*, PHAR, PHARMASEARCH, PIRA, PROMT, RTECS*, SPECINFO,
 SYNTHLINE, TOXCENTER, TULSA, ULIDAT, USAN, USPAT2, USPATFULL, VETU, VTB
 (*File contains numerically searchable property data)

Other Sources: DSL**, EINECS**, TSCA**

(**Enter CHEMLIST File for up-to-date regulatory information)



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

16092 REFERENCES IN FILE CA (1957 TO DATE)

289 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA

16116 REFERENCES IN FILE CAPLUS (1957 TO DATE)

1 REFERENCES IN FILE CAOLD (PRIOR TO 1967)

REFERENCE 1: 138:375481

REFERENCE 2: 138:374269

REFERENCE 3: 138:373972

REFERENCE 4: 138:373852

REFERENCE 5: 138:373615

REFERENCE 6: 138:367389

REFERENCE 7: 138:363670

REFERENCE 8: 138:362552

REFERENCE 9: 138:362424

REFERENCE 10: 138:362402

=> fil medline

FILE 'MEDLINE' ENTERED AT 13:09:33 ON 09 JUN 2003

FILE LAST UPDATED: 8 JUN 2003 (20030608/UP). FILE COVERS 1958 TO DATE.

On April 13, 2003, MEDLINE was reloaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2003 vocabulary. See <http://www.nlm.nih.gov/mesh/changes2003.html> for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

=> d all tot

L128 ANSWER 1 OF 11 MEDLINE
AN 2002167257 MEDLINE
DN 21894764 PubMed ID: 11898508
TI Acute treatment of **migraine** and the role of triptans.
AU Freitag F G
CS Diamond Headache Clinic, 467 W. Deming Place, Suite 500, Chicago, IL 60614, USA.. dhcdoc@aol.com
SO Curr Neurol Neurosci Rep, (2001 Mar) 1 (2) 125-32. Ref: 25
Journal code: 100931790. ISSN: 1528-4042.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200205
ED Entered STN: 20020320
Last Updated on STN: 20030313
Entered Medline: 20020506
AB The use of triptans has improved the ability to treat **migraine** successfully compared with older treatments. Speed of relief, consistency of effect, and good tolerability have been the hallmarks of these agents. All of the currently available triptans have comparable efficacy and tolerability. Variables between the agents may lead to one agent or dose form being preferred over another in various clinical scenarios. The triptans that are forthcoming may improve on these options through enhanced efficacy rates, tolerability, and **headache** recurrence rates. There exist increasing options for **migraine** treatment that may further improve the clinical effects of the older and newer triptans through early treatment of **migraine** at the stages of mild **migraine** pain, or even during the **prodromal** phase of the attack. Additionally, recent work suggests that mini-prophylaxis of **migraine** at the menses is a highly successful treatment option with the triptans. In this age of managed care, providing cost-effective treatment of **headache** will take on increasing importance. Techniques such as stratification of acute treatments may enhance cost-effective care, whereas ready availability of the triptans may lead to significant improvements in utilization of parameters such as office visits, emergency room treatment, and even hospitalization.
CT Check Tags: Female; Human; Male
Acute Disease
Blood Flow Velocity: DE, drug effects
Carbazoles: AD, administration & dosage
Carbazoles: TU, therapeutic use
Clinical Trials
Drug Administration Routes
Indoles: AD, administration & dosage
Indoles: TU, therapeutic use

Menstruation

*Migraine: DT, drug therapy

Migraine: PP, physiopathology

Migraine: PC, prevention & control

Oxazolidinones: AD, administration & dosage

Oxazolidinones: TU, therapeutic use

Piperidines: AD, administration & dosage

Piperidines: TU, therapeutic use

Practice Guidelines

Pyrrolidines: AD, administration & dosage

Pyrrolidines: TU, therapeutic use

Receptors, Serotonin: DE, drug effects

Serotonin Agonists: AD, administration & dosage

Serotonin Agonists: PK, pharmacokinetics

*Serotonin Agonists: TU, therapeutic use

Sumatriptan: AD, administration & dosage

Sumatriptan: PK, pharmacokinetics

Sumatriptan: TU, therapeutic use

Treatment Outcome

Triazoles: AD, administration & dosage

Triazoles: TU, therapeutic use

Vasoconstriction: DE, drug effects'

Vasoconstrictor Agents: AD, administration & dosage

Vasoconstrictor Agents: PK, pharmacokinetics

*Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan);

139264-17-8 (zolmitriptan); 145202-66-0 (rizatriptan);

154323-57-6 (almotriptan)

CN 0 (Carbazoles); 0 (Indoles); 0 (Oxazolidinones); 0 (Piperidines); 0

(Pyrrolidines); 0 (Receptors, Serotonin); 0 (Serotonin Agonists); 0

(Triazoles); 0 (Vasoconstrictor Agents); 0 (eletriptan); 0 (

frovatriptan); 0 (serotonin 1B receptor); 0 (serotonin 1D receptor)

L128 ANSWER 2 OF 11 MEDLINE

AN 2001055557 MEDLINE

DN 20415941 PubMed ID: 10961768

TI Prevention of **migraine** during **prodrome** with
naratriptan.

AU Luciani R; Carter D; Mannix L; Hemphill M; Diamond M; Cady R

CS Albuquerque Clinic for Pain, Stress and Health Rehabilitation, New Mexico,
USA.

SO CEPHALALGIA, (2000 Mar) 20 (2) 122-6.

Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200012

ED Entered STN: 20010322

Last Updated on STN: 20010322

Entered Medline: 20001219

AB OBJECTIVE: To determine the role of **naratriptan** in preventing
migraine headache when administered during
prodrome. PROCEDURES: Baseline phase: patients recorded
prodrome symptoms and time of onset, time when patient knew that
headache was inevitable, time of onset and severity of
headache. Treatment phase: patients given **naratriptan**
2.5 mg to take at the time they knew **headache** was inevitable.Patients recorded **prodrome** symptoms and time of onset, time they
knew **headache** was inevitable, time **naratriptan**
administered, time of onset and severity of any **headache**.Patients treated three **prodromes** separated by at least 48 h.

FINDINGS: Twenty patients completed both phases. During baseline phase, 59 **prodromes** were reported and all were followed by **headache**. Severity of **headache**: 5% mild, 51% moderate, 44% severe. During treatment phase, 63 **prodromes** were reported. Of these, 38/63 (60%) were not followed by **headache**. Among **headaches** that occurred, the majority occurred within 2 h of **naratriptan** administration, suggesting that **naratriptan** is more effective in preventing **headache** if taken early in **prodrome**. Severity of 25 **headaches**: 44% mild, 24% moderate, 32% severe. CONCLUSIONS: **Naratriptan** 2.5 mg appears to prevent **migraine headache** when given early in **prodrome**. If **headache** occurs, severity appears to be reduced.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult

Classic Migraine: PP, physiopathology
 ***Classic Migraine: PC, prevention & control**
 Classic Migraine: PX, psychology

***Indoles: TU, therapeutic use**

 Middle Age

 Pilot Projects

***Piperidines: TU, therapeutic use**

***Serotonin Agonists: TU, therapeutic use**

RN **121679-13-8 (naratriptan)**

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L128 ANSWER 3 OF 11 MEDLINE

AN **1999377651** MEDLINE

DN **99377651** PubMed ID: **10448542**

TI Interictal and postictal **cognitive** changes in **migraine**

CM Comment in: **Cephalalgia**. 1999 Jul;19(6):541

AU Mulder E J; Linssen W H; Passchier J; Orlebeke J F; de Geus E J

CS Department of Biological Psychology, Vrije Universiteit, Amsterdam, The Netherlands.. **EJCM.Mulder@psy.vu.nl**

SO **CEPHALALGIA**, (1999 Jul) 19 (6) 557-65; discussion 541.
Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199910

ED Entered STN: 19991026

Last Updated on STN: 19991026

Entered Medline: 19991013

AB The question whether symptom-free **migraine** patients show **cognitive** impairments compared to matched control subjects is addressed, and also whether **migraine** patients show transient **cognitive** impairments induced by an attack. The Neuropsychological Evaluation System (NES2) was administered once in an interictal period and twice within 30 h after different **migraine** attacks. Since **cognitive** impairments could be related to attack duration or severity, **cognitive** performance was compared during a postictal period after **sumatriptan** use and during a postictal period after habitual nonvasoactive medication use. Twenty **migraineurs** without aura, 10 **migraineurs** with aura, and 30 matched **headache**-free controls participated in the study.

During a **headache**-free period, **migraineurs** without aura responded as quickly as controls, while **migraineurs** with aura were slower than controls during all tasks specifically requiring selective attention. These effects were not aggravated by a preceding **migraine** attack, irrespective of medication use and attack duration.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adult
 Attention: DE, drug effects
 *Cognition Disorders: DI, diagnosis
 Cognition Disorders: DT, drug therapy
 Cognition Disorders: PX, psychology
 *Delirium, Dementia, Amnestic, Cognitive Disorders: DI, diagnosis
 Delirium, Dementia, Amnestic, Cognitive Disorders: DT, drug
 therapy
 Delirium, Dementia, Amnestic, Cognitive Disorders: PX, psychology
 *Migraine: DI, diagnosis
 Migraine: DT, drug therapy
 Migraine: PX, psychology
 *Neuropsychological Tests
 Pain Measurement
 Psychomotor Performance: DE, drug effects
 Reaction Time: DE, drug effects
 Sumatriptan: AE, adverse effects
 Sumatriptan: TU, therapeutic use
 Vasoconstrictor Agents: AE, adverse effects
 Vasoconstrictor Agents: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Vasoconstrictor Agents)

L128 ANSWER 4 OF 11 MEDLINE
 AN 1999135022 MEDLINE
 DN 99135022 PubMed ID: 9949863
 TI Serotonin in **migraine**: theories, animal models and emerging
 therapies.
 AU Johnson K W; Phebus L A; Cohen M L
 CS Lilly Research Laboratories, Eli Lilly and Company, Lilly Corporate
 Center, Indianapolis, IN 46285, USA.
 SO PROGRESS IN DRUG RESEARCH, (1998), 51 219-44. Ref: 123
 Journal code: 1304021. ISSN: 0071-786X.
 CY Switzerland
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 199902
 ED Entered STN: 19990311
 Last Updated on STN: 19990311
 Entered Medline: 19990224
 AB A role for serotonin in **migraine** has been supported by changes
 in circulating levels of serotonin and its metabolites during the phases
 of a **migraine** attack, along with the ability of
 serotonin-releasing agents to induce **migraine**-like symptoms.
 The development of serotonin receptor agonists with efficacy in the clinic
 for the alleviation of **migraine** pain further implicates
 serotonin as a key molecule in **migraine**. Several theories
 regarding the etiology of **migraine** have been proposed. The
 vasodilatory theory of **migraine** suggested that extracranial
 arterial dilation during an attack was related to **migraine** pain;
 a theory supported when vasoconstrictors such as **sumatriptan**
 alleviated **migraine** pain. The neurological theory of
migraine proposed that **migraine** resulted from abnormal
 firing in brain neurons. Cortical spreading depression, one facet of the
 neurological theory, could explain the **prodrome** of
migraine. The neurogenic dural inflammation theory of
migraine supposed that the dural membrane surrounding the brain
 became inflamed and hypersensitive due to release of neuropeptides from
 primary sensory nerve terminals. Substance P, calcitonin gene related

peptide and nitric oxide are all thought to play a role in the dural inflammatory cascade. Animal models of **migraine** have been utilized to study the physiology of **migraine** and develop new pharmaceutical therapies. One model measures the shunting of blood to arteriovenous anastomoses based on a proposal that **migraine** primarily involves cranial arteriovenous vasodilation. Another model utilizes electrical stimulation of the trigeminal ganglion to induce neurogenic dural inflammation quantified by the resulting extravasation of proteins. Pharmacological agents such as meta-chlorophenylpiperazine (mCPP) and nitroglycerin have also been used to induce dural extravasation in animals. Both compounds also induce **migraine** attacks in individuals with a history of **migraine**. In addition, Fos, a protein produced by activation of the c-fos gene, has been measured as an index of **migraine**-like pain transmission to the CNS following chemical or electrical stimulation of the trigeminal nerve. A role for serotonin in **migraine** is further supported by the efficacy of serotonin receptor ligands. **Sumatriptan** is an agonist at 5-HT1D and 5-HT1B receptor subtypes, and effective in treating **migraine** pain and associated symptoms. Recently, selective 5-HT1F agonists have been proposed for the treatment of **migraine**, without the side effects associated with the present 5-HT1D and 5-HT1B receptor agonists. A role for 5-HT2B receptors has also been suggested the initiation of **migraine**, supporting use of selective 5-HT2B receptor antagonists in **migraine**. Thus, agents that modulate 5-HT1B, 5-HT1D, 5-HT1F and 5-HT2B receptors either have or may have clinical utility in the therapy of **migraine headache**.

CT Check Tags: Animal; Human

Disease Models, Animal

***Migraine**: DT, drug therapy

***Migraine**: ME, metabolism

*Receptors, Serotonin: DE, drug effects

Receptors, Serotonin: ME, metabolism

*Serotonin: ME, metabolism

*Serotonin Agonists: TU, therapeutic use

Serotonin Antagonists: TU, therapeutic use

RN 50-67-9 (Serotonin)

CN 0 (Receptors, Serotonin); 0 (Serotonin Agonists); 0 (Serotonin Antagonists)

L128 ANSWER 5 OF 11 MEDLINE

AN 1999010116 MEDLINE

DN 99010116 PubMed ID: 9793701

TI Effect of operationalized computer diagnosis on the therapeutic results of **sumatriptan** in general practice.

CM Comment in: Cephalalgia. 1998 Sep;18(7):419-20

AU Gobel H; Heinze A; Kuhn K; Heuss D; Lindner V

CS Neurologisch-verhaltensmedizinische Schmerzklinik Kiel, Germany.

SO CEPHALALGIA, (1998 Sep) 18 (7) 481-6.

Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT (CLINICAL TRIAL)

(CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)

LA English

FS Priority Journals

EM 199901

ED Entered STN: 19990115

Last Updated on STN: 19990115

Entered Medline: 19990107

AB A multicenter test was conducted to investigate the effectiveness of the selective serotonin agonist **sumatriptan** in patients with the computerized **headache** diagnosis of **migraine**. A

computer program was used for diagnostic evaluation of patients attending a general practice because of **headache**. The results of the analysis were taken as a direct decision on therapy. If the patients satisfied the criteria for **migraine**, they were given subcutaneous **sumatriptan** for treating three **migraine** attacks. The patients were able to use the study medication under outpatient conditions. The therapeutic efficacy of the medicine was recorded in a **headache** diary. A total of 91 patients were included in the study at 22 practices in Germany. An average of four patients per practice were recruited. In the first **migraine** attack treated, **headache** improvement was experienced by 77.7% of the patients treated. In the second and third attacks an improvement was experienced by 93.5% and 89.8%, respectively. The results show that by optimizing diagnostic reliability with the aid of the computer program a high response rate can be achieved under practice conditions using the selective serotonin agonist **sumatriptan**. Since the computer program described permits a specific diagnosis, it improves the prospects of effective **headache** therapy in the individual patient. Thus treatment based on this approach can reduce inputs of time and money in **migraine** therapy.

CT Check Tags: Female; Human; Male

Adolescent

Adult

***Algorithms**

*Diagnosis, Computer-Assisted

Family Practice

Middle Age

Migraine: DI, diagnosis

***Migraine: DT, drug therapy**

Serotonin Agonists: AE, adverse effects

*Serotonin Agonists: TU, therapeutic use

Sumatriptan: AE, adverse effects

***Sumatriptan: TU, therapeutic use**

Treatment Outcome

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Serotonin Agonists)

L128 ANSWER 6 OF 11 MEDLINE

AN 1998145509 MEDLINE

DN 98145509 PubMed ID: 9484515

TI [Treatment of acute attack of **migraine** with **sumatriptan**].

Tratamiento del ataque agudo de la cefalea migraña con **sumatriptan**.

AU Gonzalez-Espinosa L E; Gomez-Viera N; Olivera-Leal I; Reyes-Lorente R

CS Servicio de Neurologia, Hospital C.Q. Hermanos Ameijeiras, Ciudad de La Habana, Cuba.

SO REVISTA DE NEUROLOGIA, (1997 Nov) 25 (147) 1672-5.
Journal code: 7706841. ISSN: 0210-0010.

CY Spain

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA Spanish

FS Priority Journals

EM 199804

ED Entered STN: 19980422

Last Updated on STN: 20000303

Entered Medline: 19980415

AB INTRODUCTION AND MATERIAL: In the Hospital Clinico Quirurgico Hermanos Almeijeiras a randomized double blind clinical trial was carried out involving 52 patients who presented with painful **migraine** crises with or without **prodromes**. A group of 27 patients were given 6

mg. of **sumatriptan** subcutaneously. Another group of 25 patients were given 1 mg of dihydroergotamine intramuscularly. It was seen that both drugs relieved the **migrainous** pain. However, **sumatriptan** did so in a greater percentage of patients. RESULTS AND CONCLUSIONS: There was earlier, and also more complete, relief of pain in those patients receiving **sumatriptan**. With regard to side-effects of **sumatriptan** were pain at the back of the site of injection, sensation of pressure at the back of the neck, facial flushing and asthenia.

CT Check Tags: Female; Human; Male
 Acute Disease
 Adolescent
 Adult
 Age Distribution
 Double-Blind Method
 English Abstract
Migraine: DI, diagnosis
***Migraine: DT, drug therapy**
 *Serotonin Agonists: TU, therapeutic use
 Severity of Illness Index
 Sex Distribution
***Sumatriptan: TU, therapeutic use**
 Time Factors
 RN 103628-46-2 (**Sumatriptan**)
 CN 0 (Serotonin Agonists)

L128 ANSWER 7 OF 11 MEDLINE
 AN 97300848 MEDLINE
 DN 97300848 PubMed ID: 9155868
 TI Cerebral circulatory changes during **migraine headache** with aura.
 AU Meyer J S; Terayama Y; Takashima S; Obara K
 CS Cerebral Blood Flow Laboratory, Veterans Affairs Medical Center, Houston, Texas, USA.
 SO REVIEWS IN THE NEUROSCIENCES, (1993 Jul-Sep) 4 (3) 305-19. Ref: 68
 Journal code: 8711016. ISSN: 0334-1763.
 CY ENGLAND: United Kingdom
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 199706
 ED Entered STN: 19970716
 Last Updated on STN: 19970716
 Entered Medline: 19970627
 AB Many authors report alterations of cephalic (both intracranial and extracranial) blood flow and vascular responsiveness in patients with **migraine**. In the majority of reports, rCBF has been decreased during the **prodromal** phase and increased during and immediately after the **headache** phase of **migraine** attacks. Abnormal vascular responsiveness has been demonstrated, not only during each attack, but also between attacks. Pharmacological and therapeutic evidence that many vasoactive agents induce, prevent or abolish attacks of **migraine headache** are consonant with the close relationships that exist between vascular abnormalities and the pathogenesis of **migraine** with aura. This is particularly true of the marked therapeutic effectiveness of calcium entry blockers, which are effective in the prophylaxis of **migraine**, and **sumatriptan**, which has direct vasoconstrictive effects, with relief of the **headache**, which lends strong support to a vascular hypothesis.
 CT Check Tags: Human

*Brain: RA, radiography
 *Cerebrovascular Circulation: PH, physiology
 *Migraine: PP, physiopathology

L128 ANSWER 8 OF 11 MEDLINE
 AN 97161247 MEDLINE
 DN 97161247 PubMed ID: 9008504
 TI Cognitive processing in primary headache: a study on event-related potentials.
 AU Evers S; Bauer B; Suhr B; Husstedt I W; Grottemeyer K H
 CS Department of Neurology, University of Munster, Germany.
 SO NEUROLOGY, (1997 Jan) 48 (1) 108-13.
 Journal code: 0401060. ISSN: 0028-3878.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199702
 ED Entered STN: 19970306
 Last Updated on STN: 19970306
 Entered Medline: 19970226
 AB BACKGROUND: There is experimental evidence for loss of cognitive habituation in **migraine** but not in other types of **headache** and not by visual event-related potentials (ERP).
 OBJECTIVE: Determining the latencies (msec) and amplitudes (microV) of ERP components and the differences of these values in a two-trial analysis representing the amount of cognitive habituation. PARTICIPANTS: Two hundred thirty-three patients with a **headache** diagnosis according to the criteria of the International **Headache** Society: **migraine** without aura (N = 77); **migraine** with aura (N = 31); cluster **headache** during period (N = 26); cluster **headache** during interval (N = 11); chronic paroxysmal hemicrania (N = 8); episodic tension-type **headache** (N = 33); ergotamine-induced **headache** (N = 47). Thirty age-matched healthy subjects served as a control group. METHODS: ERPs were evoked by a visual oddball paradigm consisting of 2 x 200 flashes of light (85% white light; 15% red light). Evaluation of ERP components was done separately for the first 200 and the second 200 stimuli as well as for the entire series of stimuli. RESULTS: We found an acceleration of the P3 latency during the second trial in **migraine** with and without aura, but not in the other **headache** types, and not in healthy controls. Ergotamine and sumatriptan abolished this loss of habituation in **migraine** patients. Increased ERP latencies as compared with healthy controls were present in patients with cluster **headache**, tension-type **headache**, ergotamine-induced **headache**, and **migraine** with aura, but not in **migraine** without aura. CONCLUSION: There is a loss of cognitive habituation in **migraine**, which may serve as a specific but not sensitive diagnostic tool. The pathophysiologies of **migraine** and cluster **headache** have a specific modifying property on cognitive processing reflected by a loss of cognitive habituation or an increased cognitive processing time. These effects can, in part, be counterbalanced by antimigraine medication.
 CT Check Tags: Female; Human; Male
 Adolescent
 Adult
 Aged
 Cluster Headache: PP, physiopathology
 Cluster Headache: PX, psychology
 *Cognition
 Evoked Potentials
 Habituation (Psychophysiology)

Headache: DT, drug therapy
 Headache: PP, physiopathology
 *Headache: PX, psychology

Infant, Newborn

Middle Age

Migraine: DT, drug therapy
 Migraine: PP, physiopathology
 Migraine: PX, psychology
 Reaction Time
 Sumatriptan: TU, therapeutic use
 Tension Headache: PP, physiopathology
 Tension Headache: PX, psychology

Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (Sumatriptan)

CN 0 (Vasoconstrictor Agents)

L128 ANSWER 9 OF 11 MEDLINE

AN 96127713 MEDLINE

DN 96127713 PubMed ID: 8550362

TI Preemptive oral treatment with sumatriptan during a cluster period.

AU Monstad I; Krabbe A; Micieli G; Prusinski A; Cole J; Pilgrim A; Shevlin P

CS Nevrologisk avd, Hedmark Sentralsykehus, Elverum, Norway.

SO HEADACHE, (1995 Nov-Dec) 35 (10) 607-13.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 199602

ED Entered STN: 19960306

Last Updated on STN: 19960306

Entered Medline: 19960220

AB This multinational, multicenter, randomized, double-blind, placebo-controlled study in 169 patients investigated the effect of a 7-day period of **preemptive** treatment with oral **sumatriptan** (100 mg tid) on the frequency and severity of cluster **headache** attacks occurring during an established cluster **headache** period. Safety and tolerability were also assessed.

Cluster **headache** patients who were not taking prophylactic medication and had experienced seven or more attacks in the preceding observation week, treated a cluster **headache** attack at home with subcutaneous **sumatriptan** 6 mg using an autoinjector device.

Patients were then randomized to take **sumatriptan** 100 mg or placebo at 8-hourly intervals for a 7-day period. Cluster **headaches** occurring during this period could be treated 5 minutes after onset with rescue medication (100% oxygen or simple analgesics). Diary cards were used to record details of the cluster **headache** pattern during the observation and study treatment weeks.

Preemptive oral treatment with **sumatriptan** 100 mg tid for 7 days did not produce a significant reduction in the number or severity of cluster **headache** attacks occurring during an established cluster **headache** period. Oral treatment with **sumatriptan** 100 mg tid over a 7-day period was not associated with an increased or altered adverse event profile from that previously reported.

CT Check Tags: Comparative Study; Female; Human; Male
 Administration, Oral
 Adult

*Cluster Headache: DT, drug therapy

Injections, Subcutaneous
 Middle Age
 *Serotonin Agonists: AD, administration & dosage
 Serotonin Agonists: AE, adverse effects
 *Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects

RN 103628-46-2 (Sumatriptan)
 CN 0 (Serotonin Agonists)

L128 ANSWER 10 OF 11 MEDLINE
 AN 93252608 MEDLINE
 DN 93252608 PubMed ID: 8387474
 TI Psychological status during **migraine** attack and interval before and after treatment with a selective 5-HT1-agonist.
 AU Gobel H; Krapat S
 CS Department of Neurology, University of Kiel, Germany.
 SO HEADACHE, (1993 Mar) 33 (3) 118-20.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 199306
 ED Entered STN: 19930618
 Last Updated on STN: 19930618
 Entered Medline: 19930610
 AB The study recorded the quantitative changes in psychological status during **migraine** attack and interval in 20 **migraine** patients. It further determined their psychological status after administration of the selective 5-HT1-agonist **sumatriptan** and placebo during **migraine** interval and **migraine** attack. psychological status was classified with the aid of an adjective list enabling quantitative description of 15 essential aspects of the subjects' current disposition. The results demonstrate a drastic deterioration in psychological status during an acute **migraine** attack as compared to the **migraine** interval and plainly show how badly **migraine** affects the patients, as almost all the aspects of psychological status are impaired. Administration of placebo did not significantly influence current disposition either in the **migraine** interval or during the attack. **Sumatriptan** minimally increased inactivity and dizziness during the **migraine** interval. During an attack **sumatriptan** completely normalized current disposition within 30 minutes by significantly improving the impaired dimensions. it is conceivable that this rapid normalization is due to the reduction in pain severity and is only a secondary effect of the rapid alleviation of pain. It is also possible that a direct effect of the selective 5-HT1-agonist on the central nervous system may be the cause of this rapid normalization of current disposition.
 CT Check Tags: Female; Human
 Adult
 Double-Blind Method
 *Indoles: TU, therapeutic use
 Middle Age
 Migraine: DT, drug therapy
 *Migraine: PX, psychology
 Psychological Tests
 *Serotonin Agonists: TU, therapeutic use
 *Sulfonamides: TU, therapeutic use
 Sumatriptan
 Time Factors
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

L128 ANSWER 11 OF 11 MEDLINE
 AN 93173233 MEDLINE
 DN 93173233 PubMed ID: 1337765
 TI [The role of serotonin in the pathophysiology of **migraine**].
 Rola serotoninu w patomechanizmie migreny.
 AU Szczudlik A
 CS Kliniki Neurologicznej CSK WAM w Warszawie.
 SO NEUROLOGIA I NEUROCHIRURGIA POLSKA, (1992) Suppl 2 14-27. Ref: 69
 Journal code: 0101265. ISSN: 0028-3843.
 CY Poland
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA Polish
 FS Priority Journals
 EM 199303
 ED Entered STN: 19930402
 Last Updated on STN: 19930402
 Entered Medline: 19930325
 AB Of the many factors that have been implicated in the pathophysiology of **migraine**, none seems to have a better claim than serotonin (5-hydroxytryptamine, 5-HT). The evidence for this is: 5-HT concentrations in blood increase during the **prodromal** (aura) phase and subsequently, decrease to subnormal levels in the **headache** phase; **migraine** attacks may be triggered, in susceptible, subjects, by reserpine which depletes body serotonin; **migraine** attacks may be triggered, in susceptible subjects, by reserpine which depletes body serotonin; **migraine** attacks may be relieved by intravenous injection of 5-HT; medications known to affect 5-HT concentrations have been shown to be efficacious in both aborting (agonists of 5-HT1 receptors) and preventing (antagonists of 5-HT2 receptors) **migraine** attacks. Since most of 5-HT in blood is stored in the platelets, attention of many investigators focused on the platelet function abnormalities. The positive findings provoked some of them to hypothesise that **migraine** is a primarily platelet disorder. Advances in the understanding of the role of 5-HT in **migraine** and the pharmacology of this amine have now resulted in the development of a highly selective 5-HT1 -like receptor agonist which selectively constricts cranial blood vessels and inhibits neurogenically-mediated plasma protein extravasation in the dura mater.
 CT Check Tags: Animal; Human
 Blood Platelets: PH, physiology
 English Abstract
 Indoles: TU, therapeutic use
 ***Migraine**: BL, blood
 ***Migraine**: DT, drug therapy
 *Serotonin: PH, physiology
 Serotonin Agonists: TU, therapeutic use
 Sulfonamides: TU, therapeutic use
 Sumatriptan
 RN 103628-46-2 (**Sumatriptan**); 50-67-9 (Serotonin)
 CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

=> d all tot

L135 ANSWER 1 OF 7 MEDLINE
 AN 2002692660 MEDLINE
 DN 22341535 PubMed ID: 12453030
 TI Costs and outcomes of early versus delayed **migraine** treatment with **sumatriptan**.
 AU Halpern Michael T; Lipton Richard B; Cady Roger K; Kwong W Jacqueline; Marlo Karen O; Batenhorst Alice S

CS Exponent Inc, Alexandria, VA 22314, USA.. mhalpern@exponent.com
SO HEADACHE, (2002 Nov-Dec) 42 (10) 984-99.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200303
ED Entered STN: 20021214
Last Updated on STN: 20030312
Entered Medline: 20030311
AB OBJECTIVE: To evaluate the impact on costs and outcomes of early **migraine** treatment with **sumatriptan** while pain is mild versus **sumatriptan** treatment of moderate to severe pain.
BACKGROUND: **Migraines** result in substantial pain, impairment, and costs. Recent clinical studies have shown that early treatment with **sumatriptan** when **migraine** pain is mild is more effective than **sumatriptan** treatment when pain is moderate to severe.
DESIGN/METHODS: We developed a decision analytical model to assess the costs and outcomes per treated **migraine** attack, comparing early treatment while pain is mild versus delayed treatment when pain may become moderate/severe using 50 and 100 mg of **sumatriptan**. Parameters for the model were derived from published literature and analysis of **migraine** patient diary data. For each patient group the model determined the duration of mild and moderate/severe **migraine** pain, the proportion of patients pain free at 4 hours after initial therapy with no recurrence, medical care costs, and work loss costs (from **migraine**-related absenteeism and decreased productivity) during a 24-hour period. Total costs were calculated as the sum of medical care costs plus work loss costs. RESULTS: Early treatment with **sumatriptan** when **migraine** pain is mild resulted in substantially decreased total costs per treated attack as compared with treatment when pain is moderate/severe. Early treatment also resulted in decreased time with **headache** pain, an increased proportion of patients pain free at 4 hours without recurrence, and decreased physician and emergency department visits. Treatment with 100 mg **sumatriptan** resulted in better outcomes than did treatment with 50 mg **sumatriptan**, but outcomes with either dose for early treatment of mild pain were superior to those for either dose in delayed treatment when pain may be moderate/severe. CONCLUSIONS: Model-based results indicate that on a treated attack basis, early treatment of **migraine** with **sumatriptan** while pain is mild leads to decreased costs and improved outcomes compared to delayed **sumatriptan** treatment.
CT Check Tags: Comparative Study; Human; Support, Non-U.S. Gov't
Cost-Benefit Analysis
 Decision Trees
 Migraine: CL, classification
 *Migraine: DT, drug therapy
 Migraine: EC, economics
 Probability
 Recurrence
 Serotonin Agonists: EC, economics
 *Serotonin Agonists: TU, therapeutic use
 Sumatriptan: EC, economics
 *Sumatriptan: TU, therapeutic use
 Time Factors
 United States
RN 103628-46-2 (Sumatriptan)
CN 0 (Serotonin Agonists)

DN 22010891 PubMed ID: 12017403
TI The pharmacokinetics of **sumatriptan** when administered with clarithromycin in healthy volunteers.
AU Moore Katy H P; Leese Philip T; McNeal Scott; Gray Peter; O'Quinn Stephen; Bye Carole; Sale Mark
CS Clinical Pharmacology and Experimental Medicine, GlaxoSmithKline, Research Triangle Park, North Carolina 27709-3398, USA.. km10993@gsk.com
SO CLINICAL THERAPEUTICS, (2002 Apr) 24 (4) 583-94.
Journal code: 7706726. ISSN: 0149-2918.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200211
ED Entered STN: 20020518
Last Updated on STN: 20021211
Entered Medline: 20021105
AB BACKGROUND: Macrolide antibiotics such as clarithromycin are potent inhibitors of the cytochrome P450 (CYP) 3A4 isozyme and have the potential to attenuate the metabolism and increase blood concentrations of drugs metabolized by this pathway. In vitro studies have suggested that **sumatriptan** is metabolized primarily by the monoamine oxidase-A isozyme and not by CYP3A4. OBJECTIVE: This study sought to determine the effect of coadministration of clarithromycin dosed to steady state on the pharmacokinetics of a single dose of **sumatriptan**. A secondary objective was to assess the safety and tolerability of combining these agents. METHODS: This was an open-label, randomized, 2-way crossover study in healthy volunteers. During treatment period 1, subjects received either a single oral dose of **sumatriptan** 50 mg (**sumatriptan** alone) or clarithromycin 500 mg orally every 12 hours on days 1 to 3 and a single oral dose of **sumatriptan** 50 mg plus a single oral dose of clarithromycin 500 mg on the morning of day 4 (combination treatment). During treatment period 2, they received the alternative regimen. Equivalence between **sumatriptan** alone and combination treatment was concluded if the 90% CI for the ratio of reference to test means of loge-transformed data for area under the plasma concentration-time curve extrapolated to infinity (AUC(infinity)) and maximum plasma concentration (Cmax) fell within the interval from 0.8 to 1.25. RESULTS: In the 24 evaluable subjects (12 men, 12 women) included in the pharmacokinetic analysis, mean **sumatriptan** AUC(infinity) and Cmax values after administration of combination treatment were 9% and 14% higher, respectively, than the corresponding values after administration of **sumatriptan** alone. The 90% CI for the ratio of reference to test means for AUC(infinity) was 1.03 to 1.15. The 90% CI for the ratio of reference to test means for Cmax was 1.03 to 1.26, above the traditional bioequivalence criterion. All other pharmacokinetic parameters tested, including nonparametric analysis of the time to Cmax, met the criterion for equivalence between treatments. Both treatments were well tolerated in the 27 subjects (13 men, 14 women) included in the safety analysis. CONCLUSIONS: The extent of absorption of **sumatriptan** was similar after oral administration alone and in combination with clarithromycin dosed to steady state. These data are consistent with previous reports that **sumatriptan** is unaffected by coadministration with the potent CYP3A4 inhibitor clarithromycin, supporting concomitant administration of these agents without the need for dose adjustment of **sumatriptan** in the acute treatment of **migraine**.
CT Check Tags: Female; Human; Male
Adolescent
Adult
*Antibiotics, Macrolide: AE, adverse effects

Area Under Curve

*Clarithromycin: AE, adverse effects
 Cross-Over Studies
 Cytochrome P-450 Enzyme System: ME, metabolism
 Drug Interactions
 Electrocardiography: DE, drug effects
 Middle Age
 Serotonin Agonists: AE, adverse effects
 *Serotonin Agonists: PK, pharmacokinetics

Sumatriptan: AE, adverse effects
 ***Sumatriptan: PK, pharmacokinetics**

RN 103628-46-2 (Sumatriptan); 81103-11-9 (Clarithromycin);
 9035-51-2 (Cytochrome P-450 Enzyme System)

CN 0 (Antibiotics, Macrolide); 0 (Serotonin Agonists); EC 1.14.14.1 (CYP3A
 protein, human)

L135 ANSWER 3 OF 7 . MEDLINE

AN 2001231005 MEDLINE

DN 21218895 PubMed ID: 11318884

TI **Sumatriptan** nasal spray and **cognitive** function during
migraine: results of an open-label study.

AU Farmer K; Cady R; Bleiberg J; Reeves D; Putnam G; O'Quinn
 S; Batenhorst A

CS Headache Care Center, Springfield, Mo 65804, USA.

SO HEADACHE, (2001 Apr) 41 (4) 377-84.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200108

ED Entered STN: 20010903

Last Updated on STN: 20010903

Entered Medline: 20010830

AB OBJECTIVE: To examine measures of **cognitive** function during
 acute **migraine**, before and after treatment with
sumatriptan nasal spray, 20 mg. BACKGROUND: **Migraineurs**
 frequently report symptoms of **cognitive** impairment during
migraine. The efficacy of **sumatriptan** for treatment of
migraine-related **cognitive** impairment is undocumented.

METHODS: This open-label, single-attack study of 28 subjects used the
Headache Care Center-Automated Neuropsychological Assessment
 Metrics, a computerized neuropsychological assessment battery, to measure
cognitive function under three patient conditions:

migraine-free, untreated **migraine**, and following
sumatriptan (primary outcome). **Headache** response and
 pain-free response, percent effectiveness, and clinical disability were

measured. RESULTS: **Cognitive** function (simple **reaction**
time, sustained attention/concentration, working memory,
 visual-spatial processing) and alertness/fatigue were adversely affected
 during **migraine** compared with **migraine**-free

performance ($P < .05$), and rapidly restored following **sumatriptan**
 nasal spray, 20 mg ($P < .05$). **Headache** and pain-free response
 were 86% and 68%, respectively, at 135 minutes postdose. Changes in

migraine pain severity, clinical disability, and percent
 effectiveness following treatment with **sumatriptan** nasal spray,
 20 mg, were significantly correlated with **cognitive** function
 measures across all subtests ($P < .001$). CONCLUSIONS: **Sumatriptan**
 nasal spray, 20 mg, restored **migraine**-related **cognitive**
 function and clinical disability.

CT Check Tags: Female; Human; Support, Non-U.S. Gov't
 Acute Disease

Administration, Intranasal
 Adult
 *Cognition: DE, drug effects
 Cognition: PH, physiology
 *Cognition Disorders: ET, etiology
 Memory: DE, drug effects
 Memory Disorders: ET, etiology
 Middle Age
 *Migraine: DT, drug therapy
 *Migraine: PX, psychology
 Neuropsychological Tests
 Serotonin Agonists: PD, pharmacology
 *Serotonin Agonists: TU, therapeutic use
 Sumatriptan: PD, pharmacology
 *Sumatriptan: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Serotonin Agonists)

L135 ANSWER 4 OF 7 MEDLINE
 AN 2001072675 MEDLINE
 DN 20428563 PubMed ID: 10971662
 TI A pilot study to measure **cognitive** efficiency during **migraine**.
 AU Farmer K; Cady R; Bleiberg J; Reeves D
 CS Headache Care Center, Springfield, MO 65804, USA.
 SO HEADACHE, (2000 Sep) 40 (8) 657-61.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 200101
 ED Entered STN: 20010322
 Last Updated on STN: 20010322
 Entered Medline: 20010104
 AB BACKGROUND AND OBJECTIVES: The measurement of **cognitive** efficiency during **migraine** has produced conflicting results primarily due to the types of tests used. The objectives of this pilot study were two-fold: to measure **cognitive** efficiency during **migraine**, compared to a **migraine**-free period, and to evaluate the effects of therapy with a 5-HT1 agonist (**sumatriptan** injection, 6 mg) on the **cognitive** efficiency of **migraineurs** during a **migraine**. METHOD: The Headache Care Center-Automated Neuropsychological Assessment Metrics was administered to 10 **migraineurs**, three times without a **migraine**, once during a **migraine**, and three times after administration of **sumatriptan** injection (6 mg). RESULTS: The results demonstrated a significant drop in **cognitive** efficiency during **migraine** and recovery 15 minutes after therapeutic injection. CONCLUSIONS: This pilot study is the first to document a significant drop in **cognitive** functioning during **migraine** and recovery after administration of a **migraine**-specific medication.
 CT *Cognition
 Cognition: DE, drug effects
 Migraine: DT, drug therapy
 *Migraine: PX, psychology
 Neuropsychological Tests
 Pilot Projects
 Reference Values
 Serotonin Agonists: TU, therapeutic use
 Sumatriptan: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)

CN 0 (Serotonin Agonists)

L135 ANSWER 5 OF 7 MEDLINE
 AN 2001056240 MEDLINE
 DN 20398127 PubMed ID: 10940103
 TI Comparison of **rizatriptan** and **sumatriptan**: a reply to Tfelt-Hansen et al.
 CM Comment on: Headache. 1998 Nov-Dec;38(10):737-47
 Comment on: Headache. 1998 Nov-Dec;38(10):748-55
 Comment on: Headache. 1999 May;39(5):340-1
 AU O'Quinn S; Saiers J; Mansbach H; Putnam G; Salonen R
 SO HEADACHE, (2000 Jul-Aug) 40 (7) 605-9.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Commentary
 Letter
 LA English
 FS Priority Journals
 EM 200012
 ED Entered STN: 20010322
 Last Updated on STN: 20010806
 Entered Medline: 20001221
 CT Check Tags: Comparative Study; Human
 Data Interpretation, Statistical
 *Migraine: DT, drug therapy
 *Sumatriptan: TU, therapeutic use
 Treatment Outcome
 *Triazoles: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan); 145202-66-0 (rizatriptan)
 CN 0 (Triazoles)

L135 ANSWER 6 OF 7 MEDLINE
 AN 1999304455 MEDLINE
 DN 99304455 PubMed ID: 10376167
 TI Prospective large-scale study of the tolerability of subcutaneous **sumatriptan** injection for acute treatment of **migraine**.
 AU O'Quinn S; Davis R L; Guterman D L; Pait G D; Fox A W
 CS Department of Medical Affairs, GlaxoWellcome Inc. Research Triangle Park, North Carolina, USA.
 SO CEPHALALGIA, (1999 May) 19 (4) 223-31; discussion 200.
 Journal code: 8200710. ISSN: 0333-1024.
 CY Norway
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 LA English
 FS Priority Journals
 EM 199908
 ED Entered STN: 19990820
 Last Updated on STN: 19990820
 Entered Medline: 19990811
 AB To investigate prospectively serious adverse events associated with **sumatriptan** injection, we studied 12,339 typical **migraineurs** for up to 12 months each. This study imitated the ordinary clinical use of **sumatriptan** injection except that: (a) a short, written informed consent was required, (b) there was a centralized, automated dispensing service that audited each patient's product use, (c) patients were sometimes reviewed by telephone, and (d) drug supply and medical consultation were without charge. All adverse events were recorded regardless of etiology. There were 25 fatalities during the study, none being attributable to **sumatriptan** injection. Of six strokes in the study, two occurred soon after treatment of a **migraine** attack with **sumatriptan** injection;

whether these were **migraine**-related or drug-related is discussed. None of the three myocardial infarctions was due to **sumatriptan** injection use. We conclude that **sumatriptan** injection is well tolerated when used in accordance with labeling.

CT Check Tags: Female; Human; Male

Adolescent

Adult

Aged

Aged, 80 and over

Alcohol Drinking

Cardiovascular Diseases: CI, chemically induced

Cerebrovascular Disorders: CI, chemically induced

Demography

Follow-Up Studies

Injections, Subcutaneous

Middle Age

***Migraine**: DT, drug therapy

Prospective Studies

Risk Factors

Seizures: CI, chemically induced

Serotonin Agonists: AE, adverse effects

*Serotonin Agonists: TU, therapeutic use

Smoking: AE, adverse effects

Sumatriptan: AE, adverse effects

*Sumatriptan: TU, therapeutic use

Vasoconstrictor Agents: AE, adverse effects

*Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (Sumatriptan)

CN 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L135 ANSWER 7 OF 7 MEDLINE

AN 97104815 MEDLINE

DN 97104815 PubMed ID: 8984084

TI Impact of **sumatriptan** on workplace productivity, nonwork activities, and health-related quality of life among hospital employees with **migraine**.

AU Mushet G R; Miller D; Clements B; Pait G; Guterman D L

CS Georgia Headache Treatment Center, Augusta 30901, USA.

SO HEADACHE, (1996 Mar) 36 (3) 137-43.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 199701

ED Entered STN: 19970128

Last Updated on STN: 19970128

Entered Medline: 19970108

AB This prospective, open-label study evaluated the effects of subcutaneous **sumatriptan** versus usual therapy on workplace productivity, activity time outside of work, and health-related quality of life in 43 men or women who were hospital employees diagnosed with **migraine** according to international Headache Society criteria. Patients treated **migraines** with their usual therapy for 12 to 18 weeks followed by subcutaneous **sumatriptan** for 6 months.

Health-related quality of life measurements obtained at baseline, after usual therapy, and after **sumatriptan** therapy included the Short Form-36 Health Survey and the **Migraine**-Specific Quality of Life Questionnaire. Patient daily diaries were used to capture data on **migraine** symptoms and on Lost Workplace Productivity and Non-workplace Activity Time. Traditional clinical efficacy measures were obtained to support the pharmacoeconomic data. Clinical data showed that

the percentage of treated **migraine** days per patient on which the patient experienced relief (moderate or severe pain reduced to mild or none) was 75% with **sumatriptan** and 25% with usual therapy. The mean time to meaningful relief was 1.1 hours during the **sumatriptan** phase and 4.2 hours during the usual therapy phase. Lost Workplace Productivity and Nonworkplace Activity Time was 35% lower with **sumatriptan** therapy (1.5 hours) compared with usual therapy (2.3 hours). Time missed from work due to symptoms, time worked with symptoms, and time normal activities were carried on with symptoms were each lower during **sumatriptan** therapy compared with usual therapy. Scores on each of the three **Migraine**-Specific Quality of Life Questionnaire dimensions and on the Role-Emotional dimension of the Short Form-36 were significantly more favorable after **sumatriptan** than after usual therapy ($P < 0.05$). These data demonstrate that treatment of **migraines** with **sumatriptan** for 6 months following usual therapy for 12 to 18 weeks was associated with improvement in clinical efficacy, reduction in lost workplace productivity and nonworkplace activity time, and enhancement of key dimensions of health-related quality of life among employees of a large university hospital.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't

*Activities of Daily Living

Adult

*Efficiency

*Employee Performance Appraisal

Georgia: EP, epidemiology

***Migraine**: DT, drug therapy

Migraine: RH, rehabilitation

*Personnel, Hospital: SN, statistics & numerical data

Prospective Studies

*Quality of Life

Quality-Adjusted Life Years

*Serotonin Agonists: TU, therapeutic use

Sick Leave

***Sumatriptan**: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Serotonin Agonists)

=> d all tot

L136 ANSWER 1 OF 35 MEDLINE
 AN 2003142291 IN-PROCESS
 DN 22544249 PubMed ID: 12656722
 TI Diagnostic lessons from the spectrum study.
 AU Lipton R B; **Cady R K**; Stewart W F; Wilks K; Hall C
 SO HEADACHE, (2003 Apr) 43 (4) 423.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS IN-PROCESS; NONINDEXED; Priority Journals
 ED Entered STN: 20030327
 Last Updated on STN: 20030327
 AB Neurology. 2002;58(9 suppl 6):S27-S31. **Migraine** is a heterogeneous condition that causes symptoms that vary both among individuals and within individuals from attack to attack. We examined and reviewed several important lessons on the diagnosis of **migraine** learned from the distribution of **headache** types and patterns of treatment response in the Spectrum Study, including recruitment and diagnostic issues. The accuracy of an initial diagnosis, assigned by a clinician in the context of a clinical trial, was compared with the results of a final diagnosis, assigned by a neurologist, reviewing the

initial evaluation as well as **headache** diaries for up to 10 attacks. Several lessons can be learned from the Spectrum Study. Recruitment difficulties teach us that disabling tension-type **headache** is difficult to find, suggesting that it is rare. Examination of the final diagnosis given after diary evaluations suggests that a diagnosis of **migraine** can usually be confirmed for patients with disabling **headache**. After reclassification of the final sample of 432 subjects, 24/75 (32%) patients initially clinically classified as having disabling episodic tension-type **headache** proved to have **migraine** or **migrainous headache** after a diary review. Among study participants, 90% of subjects with disabling **headache** (HIMQ score > 250) had a **migraine**-related disorder. Treatment response suggests that, in **migraineurs**, tension-type **headaches** may have a pathophysiology similar to that of **migraine**. The diary data show that mild **headaches** in **migraine** often evolve into full-blown **migraine**. The Spectrum Study supports the view that, for patients with disabling episodic **headache**, **migraine** is often the correct diagnosis. In clinical practice, the suspicion of **migraine** should be high for patients experiencing episodic disabling **headache**. Assessment of **headache**-related disability may assist practitioners in making a diagnosis of **migraine**. Comment: The Spectrum Study (Lipton R, et al. **Headache**. 2000;40:783-791) has proven to be one of the most important investigations to be reported in the modern clinical **headache** literature. The results, if accepted, constitute a shift in paradigm for the diagnosis of **migraine**, or, rather, a return to Neil Raskin's concept of the "continuum of benign recurring **headache**." One conclusion of the study was that all **headaches** in patients with coexisting episodic tension-type **headache**, **migrainous headache**, and **migraine** behaved the same in their response to **sumatriptan**. This suggests that the three **headache** types might all be manifestations of the same primary **headache** disorder, namely **migraine**, rather than representing three independent disorders, as currently suggested by the IHS classification system. Another finding of the Spectrum Study was that diary review often changed the diagnosis of **headaches** initially thought to be tension-type to **migraine**, suggesting both that longitudinal data can be illuminating with respect to diagnosis, and that, as Richard Lipton notes, "for patients with disabling episodic **headache**, **migraine** is often the correct diagnosis." SJT

L136 ANSWER 2 OF 35 MEDLINE
 AN 2003123031 MEDLINE
 DN 22523821 PubMed ID: 12637123
 TI An open-label study to assess changes in efficacy and satisfaction with **migraine** care when patients have access to multiple **sumatriptan** succinate formulations.
 AU Weidmann Eric; Unger Jeffrey; Blair Stephen; Friesen Christopher; Hart Carolyn; **Cady Roger**
 CS South Austin Medical Clinic, Austin, Texas, USA.
 SO CLINICAL THERAPEUTICS, (2003 Jan) 25 (1) 235-46.
 Journal code: 7706726. ISSN: 0149-2918.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 LA English
 FS Priority Journals
 EM 200305
 ED Entered STN: 20030316
 Last Updated on STN: 20030520

Entered Medline: 20030519

AB BACKGROUND: Because a patient's **migraines** often differ in duration, intensity, and accompanying symptoms, as well as the conditions and circumstances at the time of the **headache**, the mode for treatment also may change. OBJECTIVE: The goal of this study was to determine whether **migraine** management is improved by providing 3 formulations of **sumatriptan** succinate to patients, together with education to assist them in selecting the most appropriate formulation for specific attacks. METHODS: This was an open-label study conducted in 3 family practice settings. Patients were recruited who had at least a 1-year history of **migraine** meeting International **Headache** Society criteria and experienced 2 to 6 attacks per month within the previous 3 months. Patients received instructions on oral, intranasal, and subcutaneous (SC) **sumatriptan** and were provided with all 3 formulations to treat 6 **headaches**. **Migraine** features, formulation used, reason for selecting specific formulation, **migraine** symptom relief, and use of follow-up doses were recorded in diaries. At follow-up, patients completed a questionnaire assessing satisfaction with access to multiple formulations. RESULTS: Of the 33 enrolled patients (26 women, 7 men; mean age, 38.5 years [range, 23-54 years]), 25 (75.8%) completed all visits. Of 149 **headaches** treated, 39 (26.2%) were mild at onset, 70 (47.0%) were moderate, and 40 (26.8%) were severe. Eighty (53.7%) **headaches** were treated with tablets, 35 (23.5%) with nasal spray, and 34 (22.8%) with SC injection. Primary reasons for selecting specific formulations included "fewer side effects" for tablets, "convenience" for nasal spray, and "quick onset of action" for SC injection. Twenty-one (84.0%) patients reported being either very satisfied or satisfied with their ability to manage their **headaches**. Physicians reported that 18 of 24 (75.0%) patients had an improved attitude toward managing their **headaches**. All formulations were well tolerated. Eight (32.0%) patients reported adverse events, the 2 most common being chest pressure and fatigue. CONCLUSION: The patients in this study reported greater satisfaction with **migraine** management when given access to multiple **sumatriptan** formulations and education regarding their appropriate use.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S.
Gov't
Administration, Intranasal
Administration, Oral
Adult
*Classic Migraine: DT, drug therapy
*Common Migraine: DT, drug therapy
Injections, Subcutaneous
Middle Age
Patient Education
*Patient Satisfaction
Questionnaires
Self Administration
Serotonin Agonists: AD, administration & dosage
Serotonin Agonists: AE, adverse effects
*Serotonin Agonists: TU, therapeutic use
 Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects
 *Sumatriptan: TU, therapeutic use
RN 103628-46-2 (Sumatriptan)
CN 0 (Serotonin Agonists)

L136 ANSWER 3 OF 35 MEDLINE

AN 2002288406 MEDLINE

DN 22024395 PubMed ID: 12028324

TI Clinical efficacy of **frovatriptan**: placebo-controlled studies.

AU Ryan R; Geraud G; Goldstein J; Cady R; Keywood C

CS Ryan Headache Center, St. Louis, MO, USA.
 SO HEADACHE, (2002 Apr) 42 Suppl 2 S84-92.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 200207
 ED Entered STN: 20020528
 Last Updated on STN: 20020724
 Entered Medline: 20020723
 AB OBJECTIVE: To confirm the clinical efficacy of **frovatriptan** 2.5 mg. BACKGROUND: **Frovatriptan** is a new 5-hydroxytryptamine (5-HT) (1B/1D) receptor agonist being developed for the acute treatment of **migraine** with or without aura. Results from preclinical and clinical pharmacology studies showed **frovatriptan** to be a potent 5-HT(1B) receptor agonist with a long terminal elimination half-life (26 hours) and a broad therapeutic index. DESIGN: Three randomized, placebo-controlled, double-blind, parallel-group trials, in a total of 2676 patients, were performed to confirm the clinical efficacy of **frovatriptan** 2.5 mg for the acute treatment of **migraine**.
 RESULTS: In all three studies, **headache** response 2 hours after **frovatriptan** dosing was significantly greater than that seen with placebo ($P < \text{or } = .001$) with approximately a two-fold measure of effect over placebo for **headache** response at 2 and 4 hours postdosing. Time to **headache** response occurred within 1.5 hours in a substantial proportion of patients. The incidence of 24-hour **headache** recurrence with **frovatriptan** was low (10% to 25%). **Frovatriptan** therapy also was associated with a high degree of patient satisfaction. CONCLUSIONS: **Frovatriptan** represents a consistently effective acute treatment for **migraine** and accompanying symptoms.
 CT Check Tags: Female; Human; Male
 Adult
 Aged
 *Carbazoles: TU, therapeutic use
 Double-Blind Method
 Middle Age
 ***Migraine**: DT, drug therapy
 *Serotonin Agonists: TU, therapeutic use
 Time Factors
 Treatment Outcome
 CN 0 (Carbazoles); 0 (Serotonin Agonists); 0 (**frovatriptan**)

 L136 ANSWER 4 OF 35 MEDLINE
 AN 2002271746 MEDLINE
 DN 22006809 PubMed ID: 12010399
 TI Mixing **sumatriptan**.
 CM Comment on: Headache. 2001 Oct;41(9):862-6
 AU Lipton Richard B; **Cady Roger**
 SO HEADACHE, (2002 Apr) 42 (4) 325-6.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Commentary
 Letter
 LA English
 FS Priority Journals
 EM 200208
 ED Entered STN: 20020516
 Last Updated on STN: 20021227

Entered Medline: 20020816
 CT Check Tags: Human
 Acute Disease
 Drug Therapy, Combination
 Injections, Subcutaneous
 Migraine: CL, classification
 *Migraine: DT, drug therapy
 Salvage Therapy
 *Sumatriptan: AD, administration & dosage
 RN 103628-46-2 (Sumatriptan)

L136 ANSWER 5 OF 35 MEDLINE
 AN 2002271744 MEDLINE
 DN 22006807 PubMed ID: 12010397
 TI **Migraine**, Midrin, and Imitrex.
 CM Comment on: Headache. 2001 Apr; 41(4):391-8
 AU Landy Steve; Richardson Mary; O'Quinn Stephen
 SO HEADACHE, (2002 Apr) 42 (4) 322-3; author reply 323-4.
 Journal code: 2985091R. ISSN: 0017-8748.

CY United States
 DT Commentary
 Letter
 LA English
 FS Priority Journals
 EM 200208
 ED Entered STN: 20020516
 Last Updated on STN: 20030111
 Entered Medline: 20020816

CT Check Tags: Human
 *Acetaminophen: TU, therapeutic use
 *Antipyrine: AA, analogs & derivatives
 *Antipyrine: TU, therapeutic use
 *Chloral Hydrate: AA, analogs & derivatives
 *Chloral Hydrate: TU, therapeutic use
 Drug Combinations
 *Methylamines: TU, therapeutic use
 *Migraine: DT, drug therapy
 Reproducibility of Results
 Research Design: ST, standards
 Selection Bias
 *Serotonin Agonists: TU, therapeutic use
 *Sumatriptan: TU, therapeutic use

RN 103-90-2 (Acetaminophen); 103628-46-2 (Sumatriptan); 302-17-0
 (Chloral Hydrate); 60-80-0 (Antipyrine); 8057-13-4 (Midrin)
 CN 0 (Drug Combinations); 0 (Methylamines); 0 (Serotonin Agonists)

L136 ANSWER 6 OF 35 MEDLINE
 AN 2002229659 IN-PROCESS
 DN 21963896 PubMed ID: 11966861
 TI **Almotriptan** reduces the incidence of **migraine**-associated symptoms: a pooled analysis.
 AU Cady Roger
 CS Primary Care Network, Springfield, Mo.
 SO HEADACHE, (2002 Jan) 42 Suppl 1 26-31.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS IN-PROCESS; NONINDEXED; Priority Journals
 ED Entered STN: 20020423
 Last Updated on STN: 20021211
 AB Objectives.-Evaluate the reduction in **migraine**-associated symptoms after administration of a single oral dose of **almotriptan**

Methods.-This pooled analysis (N=1773) used data from three randomized, placebo-controlled, phase III trials (studies A, B, and C) to determine the incidence of **migraine**-associated symptoms (defined as nausea, vomiting, photophobia, and phonophobia) 2 hours after a single oral dose of study medication (**almotriptan**, **sumatriptan**, or placebo). Outcome data was extracted from studies A and B for placebo and the **almotriptan** 6.25-mg and 12.5-mg groups, and from study C for placebo, **almotriptan** 12.5-mg, and **sumatriptan** 100-mg groups. Results.-The incidence of nausea, photophobia, and phonophobia at 2 hours after dosing with study medication was significantly reduced (all $P < .05$) with **almotriptan** 6.25 mg or 12.5 mg compared with placebo. The percentage of patients with vomiting was lower with both doses of **almotriptan** in studies A and B compared with placebo, although differences were significant only for the 6.25-mg dose in study A ($P < .001$). For study C, the incidence of nausea, vomiting, photophobia, and phonophobia was similar for **almotriptan** and **sumatriptan** and lower than with placebo at 2 hours after dosing. Significant reductions (all $P < .05$) versus placebo were observed in the incidence of vomiting and phonophobia with **almotriptan** 12.5 mg, and photophobia and phonophobia with **sumatriptan** 100 mg. Conclusion.-**Almotriptan** provides relief from **migraine**-associated symptoms of nausea, vomiting, photophobia, and phonophobia, and thus represents an attractive treatment option for a wide spectrum of **migraine** symptomatology.

L136 ANSWER 7 OF 35 MEDLINE
 AN 2002019656 MEDLINE
 DN 21331674 PubMed ID: 11437904
 TI Effect of **rizatriptan** in the spectrum of **headache**.
 AU Allen C; **Cady R**; Lines C; McCarroll K
 SO HEADACHE, (2001 Jun) 41 (6) 607-8.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT Letter
 LA English
 FS Priority Journals
 EM 200112
 ED Entered STN: 20020121
 Last Updated on STN: 20020121
 Entered Medline: 20011207
 CT Check Tags: Human
 Clinical Trials
 ***Migraine**: DT, drug therapy
 Retrospective Studies
 *Serotonin Agonists: TU, therapeutic use
 Sumatriptan: TU, therapeutic use
 *Tension Headache: DT, drug therapy
 *Triazoles: TU, therapeutic use
 RN 103628-46-2 (**Sumatriptan**); 145202-66-0 (**rizatriptan**)
 CN 0 (Serotonin Agonists); 0 (Triazoles)

L136 ANSWER 8 OF 35 MEDLINE
 AN 2002007806 MEDLINE
 DN 21188323 PubMed ID: 11293561
 TI Economic implications of early treatment of **migraine** with **sumatriptan** tablets.
 AU **Cady R K**; Sheftell F; Lipton R B; Kwong W J; O'Quinn S
 CS Headache Care Center, Springfield, Missouri, USA.
 SO CLINICAL THERAPEUTICS, (2001 Feb) 23 (2) 284-91.
 Journal code: 7706726. ISSN: 0149-2918.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English

FS Priority Journals
 EM 200112
 ED Entered STN: 20020121
 Last Updated on STN: 20020121
 Entered Medline: 20011227
 AB BACKGROUND: Early treatment of **migraine** with **sumatriptan** 50 mg and 100 mg, while pain is mild, has been reported to enhance pain-free response 2 hours and 4 hours postdose and sustained pain-free response 2 to 24 hours postdose compared with treatment when pain has become moderate to severe. Early treatment with **sumatriptan** 50 mg and 100 mg also resulted in less redosing, which translated to a reduction in the mean number of doses used per **migraine** episode.
 OBJECTIVE: We examined the economic implications of early treatment with **sumatriptan** 50 mg and 100 mg while pain is mild versus treatment when pain has become moderate to severe. METHODS: Using data from retrospective analyses of a dose-ranging clinical trial of **sumatriptan** (protocol S2CM09) involving 1003 patients, we estimated the mean cost per treatment success for a hypothetical population of 1000 **migraine** patients who received treatment with **sumatriptan** 50-mg or 100-mg tablets early while pain was mild versus treatment when pain had become moderate to severe. RESULTS: With a conservative estimate of **migraine** frequency of 1.5 episodes per month, the total cost of early **migraine** treatment with **sumatriptan** 50 mg and 100 mg was reduced by \$31.68 and \$20.16, respectively, per patient per year. The average cost per pain-free treatment success was reduced by 32% to 57% with **sumatriptan** 50 mg and 100 mg if **migraines** were treated while pain was mild in intensity versus when pain had become moderate to severe. CONCLUSIONS: Treatment of **migraine** with **sumatriptan** 50-mg and 100-mg tablets is effective regardless of whether pain is mild, moderate, or severe. However, initiating treatment while pain is mild may be more cost-effective than delaying treatment until pain has become moderate to severe.

CT Check Tags: Support, Non-U.S. Gov't
 Cost Control
 Drug Costs

Migraine: DT, drug therapy

***Migraine: EC, economics**

Pain: DT, drug therapy

Retrospective Studies

Sumatriptan: AD, administration & dosage

***Sumatriptan: EC, economics**

Sumatriptan: TU, therapeutic use

Vasoconstrictor Agents: AD, administration & dosage

***Vasoconstrictor Agents: EC, economics**

Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Vasoconstrictor Agents)

L136 ANSWER 9 OF 35 MEDLINE

AN 2002007802 MEDLINE

DN 21188319 PubMed ID: 11293557

TI Effect of encapsulation on absorption of **sumatriptan** tablets: data from healthy volunteers and patients during a **migraine**.

AU Fuseau E; Petricoul O; Sabin A; Pereira A; O'Quinn S; Thein S; Leibowitz M; Purdon H; McNeal S; Salonen R; Metz A; Coates P

CS EMF Consulting France, Siret, France.

SO CLINICAL THERAPEUTICS, (2001 Feb) 23 (2) 242-51.

Journal code: 7706726. ISSN: 0149-2918.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English
 FS Priority Journals
 EM 200112
 ED Entered STN: 20020121
 Last Updated on STN: 20020121
 Entered Medline: 20011227
 AB BACKGROUND: Some comparative trials of selective serotonin 1B/ID-agonists in **migraine** have reported -15% lower efficacy for **sumatriptan** tablets than that reported in placebo-controlled trials. OBJECTIVE: This study was designed to test the hypothesis that the encapsulation methods used to mask active drug may delay absorption of **sumatriptan** from dosing to 2 hours after dosing (the traditional end point in clinical trials of **migraine** treatment), an effect that may be enhanced by **migraine**-associated gastric stasis.
 METHODS: Two randomized, open-label, 2-way crossover trials were conducted to evaluate the absorption and bioequivalence of conventional 50-mg **sumatriptan** tablets and encapsulated 50-mg **sumatriptan** tablets in supine, fasted, healthy volunteers (Glaxo Wellcome protocol SUM40270) and supine patients experiencing a **migraine** (Glaxo Wellcome protocol SUM40268). Absorption was assessed by calculating the area under the plasma concentration-time curve from dosing to 2 hours after dosing (AUC2) and the times to first measurable plasma concentration, 10 ng/mL, 20 ng/mL, and maximum plasma concentration. Data for the AUC from time zero to infinity and maximum plasma concentration were used to assess standard bioequivalence, which is considered to occur when the 90% CIs for the geometric mean treatment ratios (test/reference) fall between 0.8 and 1.25. RESULTS: Study 1 included 26 healthy subjects (73% men, 27% women; mean age, 39.1 years), and study 2 included 30 patients with **migraine** (67% women, 33% men; mean age, 42.7 years). **Sumatriptan** absorption was delayed with the encapsulated tablet compared with the conventional tablet 0 to 2 hours after dosing, particularly during a **migraine**. AUC2 values with encapsulated **sumatriptan** compared with the conventional tablet were 21% lower in healthy volunteers (ratio of capsule/tablet, 0.79; 90% CI, 0.588-1.050) and 27% lower in patients experiencing a **migraine** (ratio of capsule/tablet, 0.73; 90% CI, 0.519-1.023). Standard bioequivalence was demonstrated in both healthy volunteers and patients experiencing a **migraine**. CONCLUSIONS: Encapsulation delayed absorption of **sumatriptan** 0 to 2 hours after dosing, particularly during a **migraine**. This delay in absorption of the encapsulated form may account for the lower efficacy of **sumatriptan** in some comparative studies.
 CT Check Tags: Female; Human; Male
 Adult
 Cross-Over Studies
 Intestinal Absorption
 Middle Age
 *Migraine: DT, drug therapy
 *Sumatriptan: AD, administration & dosage
 Sumatriptan: BL, blood
 *Sumatriptan: PK, pharmacokinetics
 *Sumatriptan: TU, therapeutic use
 Therapeutic Equivalency
 *Vasoconstrictor Agents: AD, administration & dosage
 Vasoconstrictor Agents: BL, blood
 Vasoconstrictor Agents: PK, pharmacokinetics
 Vasoconstrictor Agents: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Vasoconstrictor Agents)

L136 ANSWER 10 OF 35 MEDLINE
 AN 2001650835 MEDLINE
 DN 21559165 PubMed ID: 11702897

TI Cost-effectiveness and cost-benefit of **sumatriptan** in patients with **migraine**.
AU Lofland J H; Kim S S; Batenhorst A S; Johnson N E; Chatterton M L; Cady R K; Kaniecki R; Nash D B
CS Office of Health Policy and Clinical Outcomes, Thomas Jefferson University, Philadelphia, PA 19107, USA.. jennifer.lofland@mail.tju.edu
SO MAYO CLINIC PROCEEDINGS, (2001 Nov) 76 (11) 1093-101.
Journal code: 0405543. ISSN: 0025-6196.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 200112
ED Entered STN: 20011113
Last Updated on STN: 20020123
Entered Medline: 20011204
AB OBJECTIVE: To investigate the cost-effectiveness and cost-benefit of initiating **sumatriptan** therapy in patients with acute **migraine** who were previously taking nontriptan drugs. PATIENTS AND METHODS: This is an economic analysis of a prospective, pretest-posttest, observational 6-month outcomes study of 178 patients with a physician diagnosis of **migraine** who received their first prescription for **sumatriptan** between October 1994 and August 1996 and were members of a mixed-model managed care organization in western Pennsylvania. **Migraine**-related resource use data were obtained from the managed care organization's medical and pharmacy claims databases. The primary outcome measure for this economic analysis was the total disability time that patients experienced because of **migraine**. Patients reported time missed from work and usual nonwork activities because of **migraine** on self-administered questionnaires at baseline and at 3 and 6 months after initiation of **sumatriptan**. RESULTS: Initiation of **sumatriptan** resulted in a decrease of 662 **migraine**-disability-days for work and 1236 **migraine**-disability-days for nonwork activities during the 6 months of the study (decrease from 27.8 to 17.2 days per person), totaling 1898 **migraine**-disability-days averted with **sumatriptan** therapy. **Migraine**-related medical costs were lower after **sumatriptan** was initiated (\$18,351 vs \$26,192), whereas **migraine**-related pharmacy costs were lower with prior nontriptan drug therapy (\$22,209 vs \$74,861). The overall net cost savings after **sumatriptan** was initiated in these patients was \$222,332 (\$1249 per patient) with a benefit-to-cost ratio of \$5.67 gained for each health care dollar spent from a societal perspective. The incremental cost-effectiveness ratio was \$25 for each additional **migraine**-disability-day averted by using **sumatriptan** vs nontriptan drug therapy. Sensitivity analysis showed that changes in medical costs had little effect on the ratios and that **sumatriptan** remained cost-beneficial across a wide range of patient wages. CONCLUSION: This study showed that initiation of **sumatriptan** in patients previously receiving nontriptan therapy was cost-effective and had an economic benefit for patients, employers, and society. **Sumatriptan** also helped patients and physicians achieve goals recommended by the US Headache Consortium by reducing patients' disability and thus improving their ability to function at work and nonwork activities.
CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Absenteeism
Acute Disease
Administration, Oral
Adult
*Cost of Illness
*Cost-Benefit Analysis
*Economics, Pharmaceutical

Injections, Intravenous

*Migraine: DT, drug therapy
*Migraine: EC, economics

Occupations

Pennsylvania

Prospective Studies

Sumatriptan: AD, administration & dosage

*Sumatriptan: TU, therapeutic use

Vasoconstrictor Agents: AD, administration & dosage

*Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (Sumatriptan)

CN 0 (Vasoconstrictor Agents)

L136 ANSWER 11 OF 35 MEDLINE

AN 2001611314 MEDLINE

DN 21543104 PubMed ID: 11678821

TI Looking forward: the expanding utility of **sumatriptan** and **naratriptan**.

AU Cady R

CS Headache Care Centre, Primary Care Network, Springfield, MO, USA.

SO CEPHALALGIA, (2001) 21 Suppl 1 35-8.

Journal code: 8200710. ISSN: 0333-1024.

CY England: United Kingdom

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200203

ED Entered STN: 20011105

Last Updated on STN: 20020321

Entered Medline: 20020320

CT Check Tags: Human

*Headache Disorders: DT, drug therapy

Headache Disorders: ET, etiology

Indoles: AE, adverse effects

*Indoles: TU, therapeutic use

*Migraine: DT, drug therapy

Piperidines: AE, adverse effects

*Piperidines: TU, therapeutic use

Primary Health Care

Serotonin Agonists: AE, adverse effects

*Serotonin Agonists: TU, therapeutic use

Sumatriptan: AE, adverse effects

*Sumatriptan: TU, therapeutic use

Treatment Outcome

Vasoconstrictor Agents: AE, adverse effects

*Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan)

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L136 ANSWER 12 OF 35 MEDLINE

AN 2001500674 MEDLINE

DN 21434313 PubMed ID: 11549974

TI Long-term efficacy and tolerability of **rizatriptan** wafers in **migraine**.

AU Cady R; Crawford G; Ahrens S; Hairwassers D; Getson A; Visser W H; Lines C

CS Headache Care Center, Springfield, Missouri, USA. (Rizatriptan-RPD Study Group).

SO MEDGENMED, (2001 Jun 1) 3 (3) 1.

Journal code: 100894134. ISSN: 1531-0132.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)

LA English
 FS Priority Journals
 EM 200201
 ED Entered STN: 20010911
 Last Updated on STN: 20020128
 Entered Medline: 20020123

AB CONTEXT: **Rizatriptan** is a selective 5-HT1B/1D receptor agonist for the acute treatment of **migraine**. It is available in a unique wafer formulation that dissolves rapidly in the mouth and can be taken without liquids, thereby offering patients a very convenient way to take treatment. OBJECTIVE: To investigate the long-term efficacy of **rizatriptan** 10-mg and 5-mg wafers in **migraineurs**.
 SETTING: 19 **headache** clinics in 5 countries. PATIENTS: 458 patients diagnosed with **migraine** according to International **Headache** Society criteria. DESIGN: 6-month, open-label, extension, which followed a double-blind, placebo-controlled study.
 INTERVENTIONS: Patients were randomly assigned to 1 of 3 treatments for moderate or severe **migraines**: **rizatriptan** 10-mg wafer, **rizatriptan** 5-mg wafer, or "standard care" (usual **migraine** treatment -- eg, nonsteroidal anti-inflammatory drugs [NSAIDs], analgesics, other triptans). Patients randomized to **rizatriptan** were blinded to the dose. MAIN OUTCOME MEASURES: Headache severity (none, mild, moderate, severe) and adverse events were recorded on a diary card. RESULTS: 181 patients treated 3393 attacks with **rizatriptan** 10-mg wafer, 191 treated 3254 attacks with **rizatriptan** 5-mg wafer, and 86 treated 1582 attacks with standard care. The median number of treated attacks per patient was 16 for **rizatriptan** 10-mg wafer, 13 for **rizatriptan** 5-mg wafer, and 14 for standard care. The median patient on **rizatriptan** 10-mg wafer reported pain relief at 2 hours (reduction of **headache** from moderate or severe at baseline to mild or none) in 82% of attacks, vs 73% of attacks for standard care (odds ratio [95% confidence interval] = 1.63 [1.14, 2.34], P <.01) and 72% of attacks for **rizatriptan** 5-mg wafer (OR [95% CI] = 1.60 [1.23, 2.08], P <.001). The median patient on **rizatriptan** 10-mg wafer was pain free at 2 hours in 46% of attacks, vs 30% of attacks for standard care (OR [95% CI] = 1.50 [1.06, 2.12], P <.05) and 25% of attacks for **rizatriptan** 5-mg wafer (OR [95% CI] = 1.93 [1.50, 2.49], P <.001). All treatments were generally well tolerated. Compared with standard care, **rizatriptan** 5-mg wafer was associated with fewer specific adverse events of asthenia/fatigue, back pain, nausea, pharyngeal discomfort, upper respiratory infection, and vomiting (P values <.05), and, compared with **rizatriptan** 10-mg wafer, fewer overall drug-related adverse events (P <.05). CONCLUSIONS: **Rizatriptan** 10-mg wafer was more effective than standard care and **rizatriptan** 5-mg wafer for treating intermittent moderate or severe **migraine** attacks occurring over periods of up to 6 months. **Rizatriptan** wafers were well tolerated.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adult
 Double-Blind Method
 ***Migraine**: DT, drug therapy
 Pain Measurement
 *Serotonin Agonists: AD, administration & dosage
 Serotonin Agonists: TU, therapeutic use
 Treatment Outcome
 *Triazoles: AD, administration & dosage
 Triazoles: TU, therapeutic use
 RN 145202-66-0 (**rizatriptan**)
 CN 0 (Serotonin Agonists); 0 (Triazoles)

L136 ANSWER 13 OF 35 MEDLINE
AN 2001483475 MEDLINE
DN 21165140 PubMed ID: 11264684
TI **Naratriptan** as short-term prophylaxis of menstrually associated **migraine**: a randomized, double-blind, placebo-controlled study.
AU Newman L; Mannix L K; Landy S; Silberstein S; Lipton R B; Putnam D G; Watson C; Jobsis M; Batenhorst A; O'Quinn S
CS St. Luke's-Roosevelt Hospital Center, Headache Institute, New York, NY 10019, USA.
SO HEADACHE, (2001 Mar) 41 (3) 248-56.
Journal code: 2985091R. ISSN: 0017-8748.
CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 200108
ED Entered STN: 20010903
Last Updated on STN: 20010903
Entered Medline: 20010830
AB OBJECTIVE: To determine the efficacy of **naratriptan** 1-mg and 2.5-mg tablets twice daily compared with placebo as short-term prophylaxis of menstrually associated **migraine**. BACKGROUND: Approximately 60% of women with **migraine** report **headaches** associated with their menstrual cycles. Results from an open-label study suggest that short-term administration of **sumatriptan** is useful in the prophylaxis of menstrually associated **migraine**. METHODS: A randomized, double-blind, three-arm, parallel-group, placebo-controlled study was conducted in women aged 18 years or older with a history of **migraine** with or without aura, as defined by the International Headache Society, of at least 6 months. Two dose strengths of **naratriptan** (1 mg, 2.5 mg) or identical-appearing placebo tablets (1:1:1) were administered twice daily for 5 days starting 2 days prior to the expected onset of menses across four perimenstrual periods. End points included the number of menstrually associated **migraines**, total **migraine** days, peak **headache** severity, lost work/activity time, **migraine**-related quality of life, and incidence of adverse events. RESULTS: Overall, the intent-to-treat population comprised 206 women (**naratriptan** 1 mg, n = 70; **naratriptan** 2.5 mg, n = 70, and placebo, n = 66); 171 women treated four perimenstrual periods. Significantly more perimenstrual periods per subject treated with **naratriptan**, 1 mg, were **headache**-free compared with placebo (50% versus 25%, P = .003). **Naratriptan**, 1 mg, significantly reduced the number of menstrually associated **migraines** (2.0 versus 4.0, P < .05) and menstrually associated **migraine** days (4.2 versus 7.0, P < .01) compared with placebo. More patients treated with **naratriptan**, 1 mg, were **headache**-free across all treated perimenstrual periods compared with placebo (23% versus 8%). No difference in **headache** severity was observed in breakthrough **headaches**. The incidence and severity of adverse events was similar across treatment groups. **Naratriptan**, 2.5 mg, was not statistically superior to placebo for any measure. CONCLUSIONS: **Naratriptan**, 1 mg, with tolerability similar to placebo, is an effective, short-term, prophylactic treatment for menstrually associated **migraine**.
CT Check Tags: Female; Human; Support, Non-U.S. Gov't
Adult
Double-Blind Method
*Indoles: TU, therapeutic use
*Menstruation
Migraine: ET, etiology

*Migraine: PC, prevention & control
 *Piperidines: TU, therapeutic use
 Quality of Life
 *Serotonin Agonists: TU, therapeutic use
 Treatment Outcome

RN 121679-13-8 (naratriptan)

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 14 OF 35 MEDLINE

AN 2001332615 MEDLINE

DN 21218897 PubMed ID: 11318886

TI Comparative study of a combination of isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate in the treatment of **migraine**.

CM Comment in: Headache. 2002 Apr; 42(4):322-3; discussion 323-4

AU Freitag F G; Cady R; DiSerio F; Elkind A; Gallagher R M; Goldstein J; Klapper J A; Rapoport A M; Sadowsky C; Saper J R; Smith T R
 CS Diamond Headache Clinic, Chicago, Ill 60614-1726, USA.

SO HEADACHE, (2001 Apr) 41 (4) 391-8.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(MULTICENTER STUDY)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 200108

ED Entered STN: 20010903

Last Updated on STN: 20021227

Entered Medline: 20010830

AB OBJECTIVE: To compare the safety and efficacy of isometheptene mucate, dichloralphenazone with acetaminophen to **sumatriptan** succinate for the treatment of mild-to-moderate **migraine**, with or without aura, when taken at the first sign of an attack. BACKGROUND: The Food and Drug Administration approved **sumatriptan** succinate and the combination of isometheptene mucate, dichloralphenazone with acetaminophen for the treatment of **migraine**. As part of the stratified treatment of **migraine**, those patients whose **headaches** are mild or moderate may benefit from nontriptan medications. Additionally, early treatment of acute **migraine** before the **headache** has become moderate or severe may improve response to treatment. METHODS: This was a multicenter, double-blind, randomized, parallel-group study to assess the safety and efficacy of the combination of isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate in the early stages of a single **migraine** attack. Patients diagnosed with **migraine**, with or without aura, as defined by the International **Headache** Society diagnostic criteria were enrolled. RESULTS: One hundred thirty-seven patients were enrolled in the study. Data for efficacy were available for 126 patients; safety data were available for 128 patients. No statistically significant difference between the two active agents in the patient's response to treatment was demonstrated. **Headache** recurrence was not significantly different over the 24-hour evaluation period for those patients responding in the first 4 hours. In those with **headache** recurrence, it was statistically significantly more severe in those patients treated with **sumatriptan** succinate. Improvement in functional disability was, in general, better among those treated with isometheptene mucate, dichloralphenazone with acetaminophen. Global analysis of efficacy was similar in the two active groups.

Patients treated with **sumatriptan** succinate were somewhat more likely to have adverse effects than the isometheptene mucate, dichloralphenazone with acetaminophen group. CONCLUSIONS: Both

isometheptene mucate, dichloralphenazone with acetaminophen and **sumatriptan** succinate are safe and effective when used early in the treatment of an acute **migraine**. Several parameters suggest that isometheptene mucate, dichloralphenazone with acetaminophen may have a slight advantage compared with **sumatriptan** succinate in the early treatment of mild-to-moderate **migraine**.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't

*Acetaminophen: TU, therapeutic use

Adult

Analgesics: TU, therapeutic use

*Antipyrine: TU, therapeutic use

Capsules

*Chloral Hydrate: TU, therapeutic use

Double-Blind Method

Drug Combinations

*Methylamines: TU, therapeutic use

Migraine: CO, complications

***Migraine: DT, drug therapy**

Recurrence

Sedatives, Nonbarbiturate: TU, therapeutic use

*Serotonin Agonists: TU, therapeutic use

***Sumatriptan: TU, therapeutic use**

RN 103-90-2 (Acetaminophen); 103628-46-2 (**Sumatriptan**); 302-17-0 (Chloral Hydrate); 480-30-8 (dichloralantipyrine); 503-01-5 (isometheptene); 60-80-0 (Antipyrine)

CN 0 (Analgesics); 0 (Capsules); 0 (Drug Combinations); 0 (Methylamines); 0 (Sedatives, Nonbarbiturate); 0 (Serotonin Agonists)

L136 ANSWER 15 OF 35 MEDLINE

AN 2001179243 MEDLINE

DN 21075044 PubMed ID: 11167896

TI Tolerability of **sumatriptan**: clinical trials and post-marketing experience.

CM Comment in: Cephalalgia. 2001 Oct;21(8):855-6

Erratum in: Cephalalgia 2001 Mar;21(2):164-5

AU Welch K M; Mathew N T; Stone P; Rosamond W; Saiers J; **Gutterman D**

CS University of Kansas School of Medicine, Kansas City, Kansas, USA.

SO CEPHALALGIA, (2000 Oct) 20 (8) 687-95. Ref: 34
Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)

(REVIEW, TUTORIAL)

LA English

FS Priority Journals

EM 200103

ED Entered STN: 20010404

Last Updated on STN: 20020516

Entered Medline: 20010329

AB Through December 1998, **sumatriptan** had been used to treat more than 236 million **migraine** attacks world-wide. In clinical trials alone, more than 88000 **migraine** patients had treated more than 300000 **migraine** attacks with **sumatriptan**, and 2000 normal healthy volunteers had been exposed to the drug. This paper describes the safety and tolerability profile of **sumatriptan** in three sections: adverse events reported in clinical trials, special issues, and spontaneous post-marketing reports of adverse reactions. Data from the extensive clinical trials programme coupled with information from nearly 10 years of experience in clinical practice demonstrate that **sumatriptan** is generally well-tolerated, with an acceptable benefit-risk ratio when used properly. Significant cardiovascular and cerebrovascular events are rare but have been observed. This fact highlights the need for careful patient selection and vigilant adherence

to the prescribing recommendations for **sumatriptan**. The wealth of clinical trials and post-marketing information for **sumatriptan** may be useful in guiding prescribing decisions for members of this class of drugs.

CT Check Tags: Human
 Cardiovascular Diseases: CI, chemically induced
 Cardiovascular Diseases: MO, mortality
 Cerebrovascular Disorders: CI, chemically induced
 Cerebrovascular Disorders: MO, mortality
 Clinical Trials
***Migraine: DT, drug therapy**
 Product Surveillance, Postmarketing
***Sumatriptan: AE, adverse effects**
Sumatriptan: TU, therapeutic use

RN 103628-46-2 (Sumatriptan)

L136 ANSWER 16 OF 35 MEDLINE
 AN 2001139265 MEDLINE
 DN 20576024 PubMed ID: 11135022
 TI Treatment of mild **headache** in disabled **migraine** sufferers: results of the Spectrum Study.
 CM Comment in: Headache. 2001 Oct;41(9):918-22
 AU Cady R K; Lipton R B; Hall C; Stewart W F; O'Quinn S; Guterman D
 CS Headache Care Center, Springfield, MO 65804, USA.
 SO HEADACHE, (2000 Nov-Dec) 40 (10) 792-7.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 200103
 ED Entered STN: 20010404
 Last Updated on STN: 20020426
 Entered Medline: 20010308
 AB OBJECTIVE: To evaluate the effectiveness of **sumatriptan**, 50-mg tablets, versus placebo for early intervention while head pain was mild in patients with disabling **migraine**. METHODS: A post hoc analysis was performed in a subgroup of patients from a large, randomized, placebo-controlled study of patients with disabling **headache** who treated while pain was mild. Pain-free response 2 and 4 hours postdose, **headache** recurrence, and safety were examined. Significance tests were performed only for the first-treated attacks. RESULTS: Twenty-six patients with disabling **headache** treated 46 mild and 166 moderate or severe **headaches**. For the first-treated **headaches** while pain was mild, pain-free rates were significantly higher for **sumatriptan** than placebo 4 hours postdose (78% versus 0%, P =.02), but not 2 hours postdose (52% versus 0%, P =.22). Across all **headaches** treated while pain was mild, pain-free responses were higher for **sumatriptan** than placebo 4 hours (85% versus 17%) and 2 hours (50% versus 0%) postdose compared with placebo. When the same patients treated **headaches** while pain was moderate or severe, pain-free rates were lower than that reported for treatment during mild pain. There was a trend toward lower **headache** recurrence in **headaches** treated while pain was mild compared with moderate or severe pain (13% versus 18%). No drug-related adverse events were reported in the **headaches** treated while pain was mild.
 CONCLUSIONS: Patients with disabling **migraine** may benefit from early intervention with **sumatriptan**, 50 mg, while pain is mild.
 CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't Administration, Oral

Adult
 *Disabled Persons
 Middle Age
 *Migraine: DT, drug therapy
 *Migraine: PP, physiopathology
 Recurrence
 Sumatriptan: AE, adverse effects
 *Sumatriptan: TU, therapeutic use
 Time Factors
 Vasoconstrictor Agents: AE, adverse effects
 *Vasoconstrictor Agents: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Vasoconstrictor Agents)

L136 ANSWER 17 OF 35 MEDLINE
 AN 2001139264 MEDLINE
 DN 20576023 PubMed ID: 11135021
 TI 2000 Wolfe Award. **Sumatriptan** for the range of **headaches** in **migraine** sufferers: results of the Spectrum Study.
 CM Comment in: Headache. 2001 Oct;41(9):918-22
 AU Lipton R B; Stewart W F; Cady R; Hall C; O'Quinn S; Kuhn T; Guterman D
 CS Albert Einstein Medical College and Montefiore Headache Unit, New York, NY, USA.
 SO HEADACHE, (2000 Nov-Dec) 40 (10) 783-91.
 Journal code: 2985091R. ISSN: 0017-8748.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 200103
 ED Entered STN: 20010404
 Last Updated on STN: 20020426
 Entered Medline: 20010308
 AB BACKGROUND: **Migraineurs** experience a spectrum of **headaches**: **migraine**, **migrainous**, and episodic tension-type as defined by the International **Headache** Society (IHS). OBJECTIVE: To evaluate the effectiveness of **sumatriptan**, 50-mg tablets, in treating the spectrum of **headaches** in IHS-diagnosed **migraineurs**. DESIGN/METHODS: **Migraineurs** with severe disability (**Headache** Impact Questionnaire score 250 or greater) were enrolled in a randomized, double-blind, placebo-controlled, crossover study. Patients treated up to 10 **headaches** with **sumatriptan**, 50 mg, or placebo (4:1). **Headache** features, recorded prior to treatment, were used to classify each **headache** using IHS criteria. **Headache** response (moderate or severe pain reduced to mild or no pain) and pain-free response were recorded at 2 and 4 hours postdose (primary endpoint). Because patients treated multiple attacks, statistical methods controlling for within-subject correlation were used. RESULTS: Two hundred forty-nine **migraineurs** treated 1576 moderate or severe **headaches**: **migraine** (n = 1110), **migrainous** (n = 103), and tension-type (n = 363). **Sumatriptan** was superior to placebo for **headache** response 4 hours postdose (primary endpoint) across all **headache** types (**migraine**, 66% versus 48%; P<.001; **migrainous**, 71% versus 39%; P<.01; tension-type, 78% versus 50%, P<.001). **Sumatriptan** was also superior to placebo for pain-free response 4 hours postdose for **migraine** (41% versus 24%, P<.001) and tension-type **headaches** (56% versus 36%, P = .001). **Sumatriptan** provided superior pain-free response 2 hours postdose for **migraine**

(18% versus 7%, P<.0001) and tension-type **headache** (28% versus 14%, P =.0005) compared with placebo. CONCLUSION: **Sumatriptan**, 50-mg tablets, are effective for the full spectrum of **headaches** experienced by patients with disabling **migraine** due to a **sumatriptan**-responsive mechanism.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't Administration, Oral

Adult

Cross-Over Studies

Double-Blind Method

Middle Age

***Migraine: DT, drug therapy**

Migraine: PP, physiopathology

Periodicity

Severity of Illness Index

Sumatriptan: AE, adverse effects

***Sumatriptan: TU, therapeutic use**

***Tension Headache: DT, drug therapy**

Tension Headache: PP, physiopathology

Treatment Outcome

Vasoconstrictor Agents: AE, adverse effects

*Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Vasoconstrictor Agents)

L136 ANSWER 18 OF 35 MEDLINE

AN 2001056226 MEDLINE

DN 20398113 PubMed ID: 10940089

TI **Naratriptan** efficacy in **migraineurs** who respond poorly to oral **sumatriptan**.

AU Stark S; Spierings E L; McNeal S; Putnam G P; Bolden-Watson C P; O'Quinn S

CS Innovative Clinical Research Center, Alexandria, VA, USA.

SO HEADACHE, (2000 Jul-Aug) 40 (7) 513-20.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 200012

ED Entered STN: 20010322

Last Updated on STN: 20010322

Entered Medline: 20001221

AB OBJECTIVES: To determine whether 347 patients would respond to a 50-mg oral dose of **sumatriptan**, even though they considered themselves poor responders to this acute therapy for **migraine**, and to investigate whether oral **naratriptan** can be an effective acute therapy for **migraine** in the subset of patients who did not respond to **sumatriptan** under double-blind, well-controlled conditions. BACKGROUND: Although most **migraineurs** respond to **sumatriptan**, there remains a need for an effective alternative for those who do not respond. **Naratriptan** is a more potent and more lipophilic member of this class of agent and could prove beneficial in such patients. This is the first well-controlled study to assess the value of another 5-HT1B/1D agonist in this difficult patient subset.

METHODS: This study comprised two **migraine** attacks. The first (attack 1) was a single-blind assessment of the efficacy of **sumatriptan** (50 mg orally) in patients with a history of poor response to the drug. The second (attack 2) was a randomized, parallel group, double-blind, placebo-controlled trial of **naratriptan** (2.5 mg orally) in nonresponders to oral **sumatriptan**. RESULTS:

Attack 1: About two thirds of this selected **migraine** population did not respond to **sumatriptan**. Attack 2: **Naratriptan** was statistically superior to placebo for **headache** relief at 2 hours and 4 hours, as well as for most other features of **migraine** attacks. These data suggest an intrinsic efficacy of **naratriptan** in this patient subset and not a coincidental response. No unexpected tolerability issues arose. CONCLUSIONS: **Naratriptan** is an alternative therapy for **migraineurs** who respond poorly to oral **sumatriptan**. No response to one "triptan" does not necessarily predict no response to them all.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't

Administration, Oral

Adult

Double-Blind Method

*Indoles: TU, therapeutic use

***Migraine**: DT, drug therapy

*Piperidines: TU, therapeutic use

Prospective Studies

Recurrence

*Serotonin Agonists: TU, therapeutic use

Single-Blind Method

***Sumatriptan**: TU, therapeutic use

Treatment Outcome

RN 103628-46-2 (Sumatriptan); 121679-13-8 (naratriptan)

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 19 OF 35 MEDLINE

AN 2000501471 MEDLINE

DN 20500398 PubMed ID: 11048903

TI Effect of early intervention with **sumatriptan** on **migraine** pain: retrospective analyses of data from three clinical trials.

AU Cady R K; Sheftell F; Lipton R B; O'Quinn S; Pharmd; Jones M; Putnam D G; Crisp A; Metz A; McNeal S

CS Headache Care Center, Springfield, Missouri, USA.

SO CLINICAL THERAPEUTICS, (2000 Sep) 22 (9) 1035-48. Journal code: 7706726. ISSN: 0149-2918.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
(META-ANALYSIS)

LA English

FS Priority Journals

EM 200102

ED Entered STN: 20010322

Last Updated on STN: 20010322

Entered Medline: 20010201

AB OBJECTIVE: This study assessed the efficacy of **sumatriptan** 50- and 100-mg tablets in the treatment of **migraine** attacks while the pain is mild rather than moderate/severe. BACKGROUND: Results from The Spectrum Study suggested that early treatment of **migraine** attacks with **sumatriptan** 50-mg tablets while the pain is mild might enhance pain-free response and reduce **headache** recurrence.

METHODS: Retrospective analyses of **headaches** treated during mild pain were performed using data from 3 studies of **sumatriptan** tablets (protocols S2CM09, S2BT25, and S2BT26). Our primary interest was pain-free response 2 and 4 hours after dosing; secondary interests were use of a second dose of medication, clinical disability (as measured on a 4-point disability scale), **migraine**-associated symptoms, meaningful pain relief (patient defined), time to meaningful relief, sustained pain-free response, and proportion of attacks in which pain had worsened 2 and 4 hours after dosing, all of which were compared in **headaches** treated during mild versus moderate/severe pain.

RESULTS: In S2CM09, 92 patients treated 118 **headaches** during mild pain. Rates of pain-free response were higher 2 hours after dosing with **sumatriptan** 50 mg (51%) or 100 mg (67%; $P < 0.05$) compared with placebo (28%), and were higher with early treatment of mild pain compared with treatment of moderate/severe pain at 2 hours (**sumatriptan** 50 mg: mild pain, 51%; moderate/severe pain, 31%; $P < 0.05$; **sumatriptan** 100 mg: mild pain, 67%; moderate/severe pain, 36%) and 4 hours (50 mg: 75% vs 56%; 100 mg: 90% vs 61%; $P < 0.05$). Early intervention also resulted in less redosing than when moderate/severe pain was treated (50 mg: 21% vs 32%; 100 mg: 20% vs 29%). More attacks treated early with **sumatriptan** 50 or 100 mg were associated with normal function 4 hours after dosing compared with placebo (70% and 93% vs 46%, respectively). Sustained pain-free response rates 2 to 24 hours after early dosing with **sumatriptan** 50 or 100 mg were also higher (34% and 53%, respectively) compared with treatment of moderate/severe pain (19% and 24%, respectively). Early treatment with **sumatriptan** 100 mg produced significantly higher pain-free rates at 2 hours after dosing ($P < 0.001$) than did ergotamine plus caffeine (S2BT25: 69% vs 34%, respectively) or aspirin plus metoclopramide (S2BT26: 73% vs 25%, respectively). CONCLUSIONS: **Sumatriptan** 50- and 100-mg tablets are effective whether pain is mild or moderate/severe. However, treatment with **sumatriptan** while pain is mild provides high pain-free response rates while reducing the need for redosing, benefits not seen with ergotamine plus caffeine or aspirin plus metoclopramide.

CT Check Tags: Human
Dose-Response Relationship, Drug
Double-Blind Method

Migraine: CO, complications
*Migraine: DT, drug therapy
*Pain: DT, drug therapy
Pain: ET, etiology
Placebos
Randomized Controlled Trials
Retrospective Studies
*Serotonin Agonists: TU, therapeutic use
*Sumatriptan: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Placebos); 0 (Serotonin Agonists)

L136 ANSWER 20 OF 35 MEDLINE

AN 2000428232 MEDLINE

DN 20223366 PubMed ID: 10759909

TI Low **migraine headache** recurrence with **naratriptan**: clinical parameters related to recurrence.

AU Sheftell F; O'Quinn S; Watson C; Pait D; Winter P

CS New England Center for Headache, Stamford, CT 06902, USA.

SO HEADACHE, (2000 Feb) 40 (2) 103-10.

Journal code: 2985091R. ISSN: 0017-8748.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 200009

ED Entered STN: 20000922

Last Updated on STN: 20000922

Entered Medline: 20000911

AB OBJECTIVE: To evaluate clinical parameters that may affect the incidence of **headache** recurrence or the time to **headache** recurrence, or both, in **migraineurs** treated with **naratriptan**, 2.5-mg tablets. BACKGROUND: The incidence of **headache** recurrence within 24 hours of treatment with **naratriptan**, 2.5-mg tablets (17%-28%), is lower than that reported for other currently available selective serotonin agonists. Identifying

clinical parameters that influence **headache** recurrence may further reduce the incidence of **headache** recurrence or prolong the time to recurrence, or both, for **naratriptan**-treated patients. **METHODS:** We examined the effects of three clinical parameters (predose pain severity, **headache** duration prior to treatment, and relief status 4 hours post dose) on the incidence of and time to **headache** recurrence across four placebo-controlled **naratriptan** clinical trials. The impact of these parameters on **headache** recurrence was examined individually and in combination. **RESULTS:** Predose pain severity had no effect on the incidence of **headache** recurrence (overall 23%; moderate 22%, severe 23%). The median time to recurrence was longer for patients with moderate pain before treatment compared with patients with severe pain before treatment (14.5 hours versus 9.3 hours, respectively). Overall time to **headache** recurrence was 11.8 hours. Patients with **headache** recurrence reported a longer time until they treated the **headache** compared with patients without **headache** recurrence (median, 145 minutes versus 97.5 minutes). Patients who treated **headache** pain within 3 hours of onset had a lower incidence of **headache** recurrence (20%) than patients who treated their **headache** more than 3 hours after onset (28%). Patients with no pain 4 hours post dose had a lower incidence of and a longer time to **headache** recurrence compared with patients with mild pain 4 hours post dose (17% versus 32%; median, 17.8 hours versus 8.1 hours, respectively). The interaction of all three clinical parameters was significant in predicting **headache** recurrence. **CONCLUSIONS:** The overall incidence of **headache** recurrence is low after **naratriptan**, 2.5 mg, compared with other currently available selective serotonin agonists. Predose pain severity, time to treatment, and 4-hour relief status appear related to the incidence of or time to **headache** recurrence, or both. Treating less severe **migraine** attacks, treating earlier within an attack, and obtaining complete relief post dose may enhance the low incidence of **headache** recurrence and achieve longer times to recurrence with **naratriptan**, 2.5 mg.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't

Acute Disease

Adult

Aged

*Indoles: TU, therapeutic use

Middle Age

***Migraine:** DT, drug therapy

Migraine: ET, etiology

*Piperidines: TU, therapeutic use

Recurrence

Retrospective Studies

*Serotonin Agonists: TU, therapeutic use

RN 121679-13-8 (**naratriptan**)

CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists)

L136 ANSWER 21 OF 35 MEDLINE

AN 2000421734 MEDLINE

DN 20398927 PubMed ID: 10943230

TI Effectiveness of **sumatriptan** in reducing productivity loss due to **migraine**: results of a randomized, double-blind, placebo-controlled clinical trial.

CM Comment in: Mayo Clin Proc. 2000 Aug;75(8):780-1

AU Schulman E A; Cady R K; Henry D; Batenhorst A S; Putnam D G; Watson C B; O'Quinn S O

CS Center for Headache Management, Springfield, Pa., USA.

SO MAYO CLINIC PROCEEDINGS, (2000 Aug) 75 (8) 782-9.

Journal code: 0405543. ISSN: 0025-6196.

CY United States

DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (RANDOMIZED CONTROLLED TRIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 200009

ED Entered STN: 20000915
 Last Updated on STN: 20000915
 Entered Medline: 20000907

AB OBJECTIVE: To determine the effect of **sumatriptan** on **migraine**-related workplace productivity loss. PATIENTS AND METHODS: In this randomized, double-blind, placebo-controlled, parallel-group trial, adult **migraineurs** self-injected 6 mg of **sumatriptan** or matching placebo to treat a moderate or severe **migraine** within the first 4 hours of a minimum of an 8-hour work shift. Outcome measures included productivity loss and number of patients returning to normal work performance 2 hours after injection and across the work shift, time to return to normal work performance, and time to **headache** relief. RESULTS: A total of 206 patients underwent screening, 140 (safety population) of whom returned for clinic treatment. Of these 140 patients, 119 received **migraine** treatment in the workplace (intent-to-treat population), 116 of whom comprised the study population. Of these 116 patients, 76 self-administered **sumatriptan**, and 40 self-administered placebo. **Sumatriptan** treatment tended to reduce median productivity loss 2 hours after injection compared with placebo (25.2 vs 29.9 minutes, respectively; $P = .14$). Significant reductions in productivity loss were obtained across the work shift after **sumatriptan** treatment compared with placebo (36.8 vs 72.6 minutes, respectively; $P = .001$). Significantly more **sumatriptan**-treated patients vs placebo-treated patients experienced shorter return to normal work performance at 2 hours (53/76 [70%] vs 12/40 [30%], respectively) and across the work shift (64/76 [84%] vs 23/40 [58%], respectively; $P < .001$). Significantly more **sumatriptan**-treated patients experienced **headache** relief 1 hour after injection compared with placebo-treated patients (48/76 [63%] vs 13/40 [33%], respectively; $P = .004$). CONCLUSION: Across an 8-hour work shift, **sumatriptan** was superior to placebo in reducing productivity loss due to **migraine**

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adult
 Cost-Benefit Analysis
 Double-Blind Method
 *Efficiency
 Injections, Subcutaneous
 Middle Age
 *Migraine: DT, drug therapy
 *Migraine: EC, economics
 Occupations: EC, economics
 Self Administration
 Serotonin Agonists: AD, administration & dosage
 Serotonin Agonists: AE, adverse effects
 *Serotonin Agonists: EC, economics
 *Serotonin Agonists: TU, therapeutic use
 Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects
 *Sumatriptan: EC, economics
 *Sumatriptan: TU, therapeutic use
 Time Factors
 Treatment Outcome
 Workplace

RN 103628-46-2 (Sumatriptan)

CN 0 (Serotonin Agonists)

L136 ANSWER 22 OF 35 MEDLINE
 AN 2000409609 MEDLINE
 DN 20387055 PubMed ID: 10927717
 TI Evaluation of **migraineurs'** preferences for **naratriptan** over conventional first-line agents.
 AU Powers C; Szeto S; Pangtay D; Bort T; Cervi M; **Cady R**
 CS Headache Care Center, Springfield, MO 65804, USA.
 SO ARCHIVES OF FAMILY MEDICINE, (2000 Aug) 9 (8) 753-8.
 Journal code: 9300357. ISSN: 1063-3987.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 LA English
 FS Priority Journals
 EM 200008
 ED Entered STN: 20000907
 Last Updated on STN: 20000907
 Entered Medline: 20000828
 AB OBJECTIVE: To assess patient satisfaction with and preference for **naratriptan** hydrochloride therapy over previous "nontriptan" therapy for **migraines**. DESIGN AND SETTING: Open-label study conducted at 15 primary care clinics. PATIENTS: One hundred forty-three adults meeting International **Headache** Society diagnostic criteria for **migraine** who were not using triptans as first-line therapy for **migraines** were enrolled; 115 completed the study. INTERVENTION AND OUTCOME ASSESSMENTS: At baseline, satisfaction with current **migraine** therapy was assessed. Patients were provided with **naratriptan** hydrochloride, 2.5 mg, to treat 3 **migraines** and diaries to record **headache** symptoms and response to treatment. After treating 3 **migraines**, satisfaction with **naratriptan** therapy and preference for either previous or **naratriptan** therapy were assessed. RESULTS: Eighty-nine (62%) of 143 patients had previous exposure to triptans, with lack of prescribing (55%) as the primary reason for not continuing their use as first-line therapy. Medications used for first-line therapy included simple analgesics (59%), combination products (46%), and narcotics (13%). After treating 3 **migraines** with **naratriptan**, satisfaction with **migraine** therapy increased from 47% to 75%. Sixty-three percent of patients preferred **naratriptan** therapy over their previous nontriptan therapy, 27% preferred their previous therapy, and 10% had no preference. The main reasons for preference for **naratriptan** therapy were "relieves pain effectively" (86%) and "restores ability to function/perform task" (81%). CONCLUSION: **Naratriptan** for first-line **migraine** therapy was preferred by most patients over previous nontriptan therapy.
 CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adult
 Aged
 *Indoles: TU, therapeutic use
 Middle Age
 ***Migraine: DT, drug therapy**
 Patient Satisfaction: SN, statistics & numerical data
 *Piperidines: TU, therapeutic use
 Serotonin Agonists: TU, therapeutic use
 Treatment Outcome
 *Vasoconstrictor Agents: TU, therapeutic use
 RN 121679-13-8 (**naratriptan**)
 CN 0 (Indoles); 0 (Piperidines); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

AN 2000190964 MEDLINE
 DN 20190964 PubMed ID: 10728620
 TI Pregnancy and perinatal outcomes in **migraineurs** using **sumatriptan**: a prospective study.
 AU O'Quinn S; Ephross S A; Williams V; Davis R L; **Gutterman D L**; Fox A W
 CS US Medical Affairs, Glaxo Wellcome Research Institute, Research Triangle Park, NC 27709, USA.
 SO ARCHIVES OF GYNECOLOGY AND OBSTETRICS, (1999 Nov) 263 (1-2) 7-12.
 Journal code: 8710213. ISSN: 0932-0067.
 CY GERMANY: Germany, Federal Republic of
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 200004
 ED Entered STN: 20000427
 Last Updated on STN: 20000427
 Entered Medline: 20000419
 AB BACKGROUND: **Sumatriptan** is an acute treatment for **migraine** which is often used by women in their child-bearing years, and who become unexpectedly pregnant. Within the context of the post-marketing use of **sumatriptan** injection for the acute treatment of **migraine**, and in compliance with approved labeling, we wished to compare perinatal pregnancy outcomes in women who did and did not use the drug after conception. METHODS: Open-label, prospective study conducted in 12,339 **migraineurs** (including 9,861 women) whose demography and consumption pattern of **sumatriptan** injections were typical, and were predicted to include 150 pregnancies. Outcome of pregnancy was the end-point. RESULTS: There were 168 of 173 pregnancies that were well-documented. **Sumatriptan** was only used prior to conception in 92 cases. There were 76 first trimester exposures to **sumatriptan**. There were no differences in pregnancy outcome between the two groups. CONCLUSIONS: Perinatal and pregnancy outcome did not differ between patients who had and had not used **sumatriptan** after conception, at the resolution of these sample sizes. This study design complements the ongoing pregnancy registry, which is now widened to patients exposed to all formulations of **sumatriptan**.
 CT Check Tags: Comparative Study; Female; Human
 Abortion, Spontaneous: EP, epidemiology
 Adolescent
 Adult
 Aged
 Aged, 80 and over
 Middle Age
 ***Migraine: DT, drug therapy**
 Pregnancy
 ***Pregnancy Outcome**
 Prospective Studies
 Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects
 ***Sumatriptan: TU, therapeutic use**
 RN 103628-46-2 (**Sumatriptan**)

L136 ANSWER 24 OF 35 MEDLINE
 AN 1999452292 MEDLINE
 DN 99452292 PubMed ID: 10524661
 TI **Migraine** polypharmacy and the tolerability of **sumatriptan**: a large-scale, prospective study.
 AU Putnam G P; O'Quinn S; Bolden-Watson C P; Davis R L; **Gutterman D L**; Fox A W
 CS Department of Clinical Biostatistics, GlaxoWellcome Inc., Research Triangle Park, NC, USA.
 SO CEPHALALGIA, (1999 Sep) 19 (7) 668-75.

Journal code: 8200710. ISSN: 0333-1024.

CY Norway
DT Journal; Article; (JOURNAL ARTICLE)
(MULTICENTER STUDY)
LA English
FS Priority Journals
EM 199911
ED Entered STN: 20000111
Last Updated on STN: 20000111
Entered Medline: 19991122
AB Polypharmacy (the prescription of more than one therapy for a single patient) and subcutaneous (s.c.) **sumatriptan** tolerability were prospectively studied in 12,339 **migraineurs**, each followed for up to 1 year. Inclusion/exclusion criteria were minimal and mirrored United States Imitrex labeling. Drug usage and compliance monitoring were automatically interfaced with prescription refill. Concomitant drugs were used by 79% of patients, with analgesics, antidepressants, and sedatives used most commonly. No adverse interactions between **sumatriptan** and neurological drugs were found, possibly reflecting relative inability of the former to cross the blood-brain barrier. No difference in cardiovascular adverse events was associated with oral contraceptive use, which was more common than expected. No other drug class influenced adverse event probability, although sample sizes for these comparisons was sometimes <400 patients. This study confirms the prevalence of polypharmacy in **migraine**, identifies the drugs used, and concludes that, on a population basis, the tolerability of s.c. **sumatriptan**, when used according to labeled instructions, is unaffected by these concomitant drugs.
CT Check Tags: Female; Human; Male
Adolescent
Adrenergic beta-Antagonists: AD, administration & dosage
Adrenergic beta-Antagonists: TU, therapeutic use
Adult
Aged
Aged, 80 and over
Analgesics, Opioid: AD, administration & dosage
Analgesics, Opioid: TU, therapeutic use
Anti-Asthmatic Agents: TU, therapeutic use
Anti-Infective Agents: TU, therapeutic use
Anti-Inflammatory Agents, Non-Steroidal: AD, administration & dosage
Anti-Inflammatory Agents, Non-Steroidal: TU, therapeutic use
Anticonvulsants: AD, administration & dosage
Anticonvulsants: TU, therapeutic use
Antidepressive Agents: AE, adverse effects
Antidepressive Agents: TU, therapeutic use
Cardiovascular Agents: TU, therapeutic use
Cohort Studies
Comorbidity
Contraceptives, Oral, Hormonal: AE, adverse effects
Contraceptives, Oral, Hormonal: TU, therapeutic use
Depression: DT, drug therapy
Depression: EP, epidemiology
Drug Evaluation
*Drug Interactions
Drug Therapy, Combination
Epilepsy: DT, drug therapy
Epilepsy: EP, epidemiology
Hypnotics and Sedatives: AD, administration & dosage
Hypnotics and Sedatives: TU, therapeutic use
Injections, Subcutaneous
Methysergide: AD, administration & dosage
Methysergide: TU, therapeutic use
Middle Age

*Migraine: DT, drug therapy

Migraine: EP, epidemiology

Patient Acceptance of Health Care

Prospective Studies

Serotonin Agonists: AE, adverse effects

*Serotonin Agonists: TU, therapeutic use

Smoking: EP, epidemiology

Sumatriptan: AE, adverse effects

*Sumatriptan: TU, therapeutic use

Valproic Acid: AD, administration & dosage

Valproic Acid: TU, therapeutic use

Vasoconstrictor Agents: AE, adverse effects

*Vasoconstrictor Agents: TU, therapeutic use.

RN 103628-46-2 (Sumatriptan); 361-37-5 (Methysergide); 99-66-1
(Valproic Acid)

CN 0 (Adrenergic beta-Antagonists); 0 (Analgesics, Opioid); 0 (Anti-Asthmatic Agents); 0 (Anti-Infective Agents); 0 (Anti-Inflammatory Agents, Non-Steroidal); 0 (Anticonvulsants); 0 (Antidepressive Agents); 0 (Cardiovascular Agents); 0 (Contraceptives, Oral, Hormonal); 0 (Hypnotics and Sedatives); 0 (Serotonin Agonists); 0 (Vasoconstrictor Agents)

L136 ANSWER 25 OF 35 MEDLINE

AN 1999448851 MEDLINE

DN 99448851 PubMed ID: 10523121

TI Primary care in a health maintenance organization.

CM Comment on: Cephalalgia. 1999 Jul;19(6):575-80; discussion 541-2

AU Cady R

SO CEPHALALGIA, (1999 Jul) 19 (6) 541-2.

Journal code: 8200710. ISSN: 0333-1024.

CY Norway

DT Commentary

Editorial

LA English

FS Priority Journals

EM 199910

ED Entered STN: 19991026

Last Updated on STN: 19991026

Entered Medline: 19991013

CT Check Tags: Human

*Analgesics: AD, administration & dosage

Analgesics: AE, adverse effects

Drug Utilization

Health Maintenance Organizations

Injections, Subcutaneous

*Migraine: DT, drug therapy

Migraine: EP, epidemiology

Primary Health Care

Self Administration

*Sumatriptan: AD, administration & dosage

Sumatriptan: AE, adverse effects

Treatment Failure

*Vasoconstrictor Agents: AD, administration & dosage

Vasoconstrictor Agents: AE, adverse effects

Washington

RN 103628-46-2 (Sumatriptan)

CN 0 (Analgesics); 0 (Vasoconstrictor Agents)

L136 ANSWER 26 OF 35 MEDLINE

AN 1998247849 MEDLINE

DN 98247849 PubMed ID: 9588435

TI Sumatriptan injection reduces productivity loss during a migraine attack: results of a double-blind, placebo-controlled trial.

CM Comment in: Arch Intern Med. 1999 Jan 25;159(2):197
AU Cady R C; Ryan R; Jhingran P; O'Quinn S; Pait D G
CS Headache Care Center, Springfield, MO 65804, USA.. rcaday@headachecare.com
SO ARCHIVES OF INTERNAL MEDICINE, (1998 May 11) 158 (9) 1013-8.
Journal code: 0372440. ISSN: 0003-9926.

CY United States
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)

LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199806
ED Entered STN: 19980611
Last Updated on STN: 20000303
Entered Medline: 19980604

AB OBJECTIVE: To evaluate the impact of **sumatriptan** succinate injection compared with placebo on productivity loss during a **migraine** attack in the workplace. DESIGN: Randomized, double-blind, placebo-controlled, parallel-group clinical trial. SETTING: Fifteen clinical centers in the United States. PATIENTS: One hundred thirty-five patients 18 years and older diagnosed as having **migraine** according to International Headache Society criteria. INTERVENTIONS: Patients self-administered **sumatriptan** injection (6 mg) or matching placebo to treat a moderate or severe **migraine** occurring within the first 4 hours of a minimum 8-hour work shift. MAIN OUTCOME MEASURES: Mean productivity loss 2 hours after dosing and across the work shift; percentages of patients returning to normal work performance within 2 hours after dosing and across the work shift; percentages of patients experiencing **headache** relief (reduction of moderate or severe predose pain to mild or no pain) 1 and 2 hours after dosing. RESULTS: Mean productivity loss was significantly ($P < .002$) lower in the **sumatriptan** group compared with the placebo group both during the 2-hour postdose period (**sumatriptan**, 39 minutes; placebo, 54 minutes) and across the work shift (**sumatriptan**, 86 minutes; placebo, 168 minutes). Significantly ($P < .001$) greater percentages of patients in the **sumatriptan** group compared with the placebo group returned to normal work performance by 2 hours after dosing (**sumatriptan**, 52%; placebo, 9%) and across the work shift (**sumatriptan**, 66%; placebo, 18%). Significantly ($P < .001$) greater percentages of patients in the **sumatriptan** group compared with the placebo group experienced **headache** relief 1 hour after dosing (**sumatriptan**, 69%; placebo, 18%) and 2 hours after dosing (**sumatriptan**, 79%; placebo, 32%). CONCLUSION: **Sumatriptan** reduced **migraine**-associated productivity loss during a minimum 8-hour work shift by approximately 50% compared with placebo and alleviated **headache** in more than three fourths of patients.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
Adult
Double-Blind Method
*Efficiency
***Migraine**: DT, drug therapy
Recurrence
Self Administration
Severity of Illness Index
 Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects
 ***Sumatriptan**: TU, therapeutic use
Treatment Outcome
Vasoconstrictor Agents: AD, administration & dosage
Vasoconstrictor Agents: AE, adverse effects
*Vasoconstrictor Agents: TU, therapeutic use
*Work

RN 103628-46-2 (Sumatriptan)
 CN 0 (Vasoconstrictor Agents)

L136 ANSWER 27 OF 35 MEDLINE
 AN 1998039166 MEDLINE
 DN 98039166 PubMed ID: 9371897
 TI Clinical efficacy and tolerability of 2.5 mg **zolmitriptan** for the acute treatment of **migraine**. The 042 Clinical Trial Study Group.
 CM Comment in: Neurology. 1997 Nov;49(5):1193-5
 AU Solomon G D; **Cady R K**; Klapper J A; Earl N L; Saper J R; Ramadan N M
 CS Cleveland Clinic Foundation, OH, USA.
 SO NEUROLOGY, (1997 Nov) 49 (5) 1219-25.
 Journal code: 0401060. ISSN: 0028-3878.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199712
 ED Entered STN: 19980109
 Last Updated on STN: 19980109
 Entered Medline: 19971208
 AB Previous studies demonstrated that **zolmitriptan** at doses of 1 to 25 mg was highly effective in treating acute **migraine** attacks. The 2.5-mg dose had a favorable therapeutic effect with high efficacy and good tolerability. The objective of this study was to further evaluate the efficacy of a single 2.5-mg dose of **zolmitriptan** (Zomig, formerly known as 311C90) for acute treatment of a single moderate or severe **migraine** attack. The study was a randomized, double-blind, placebo-controlled clinical trial. Female and male patients, 12 to 65 years old, with **migraine** (with or without aura) for > or = 1 year, one to six **migraines** per month, and age at onset < 50 years were included; 327 patients were screened and randomized to receive either **zolmitriptan** (n = 219) or placebo (n = 108). Patients treated a single moderate or severe **migraine headache** with 2.5 mg **zolmitriptan** or placebo and recorded clinical efficacy and adverse events on a diary form. **Headache** response at 2 hours was 62% for **zolmitriptan** compared with 36% for placebo (p < 0.001); at 4 hours, **headache** response was 70% with **zolmitriptan** and 37% with placebo (p < 0.001). **Headache** recurrence in patients treated with 2.5 mg **zolmitriptan** was 22% (versus placebo 30%). The **headache** response at 4 hours, pain-free rate, and response rate of nonheadache symptoms favored **zolmitriptan** over placebo. No serious adverse events were associated with **zolmitriptan** treatment. A 2.5-mg dose of **zolmitriptan** is clinically effective and well tolerated for the acute treatment of **migraine**.
 CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Acute Disease
 Adolescent
 Adult
 Aged
 Child
 Double-Blind Method
 Middle Age
 ***Migraine: DT, drug therapy**
 ***Oxazoles: AD, administration & dosage**
Oxazoles: AE, adverse effects
 ***Serotonin Agonists: AD, administration & dosage**

Serotonin Agonists: AE, adverse effects
 RN 139264-17-8 (zolmitriptan)
 CN 0 (Oxazoles); 0 (Serotonin Agonists)

L136 ANSWER 28 OF 35 MEDLINE
 AN 97395774 MEDLINE
 DN 97395774 PubMed ID: 9251874
 TI Responsiveness of non-IHS **migraine** and tension-type **headache** to **sumatriptan**.
 AU Cady R K; Guterman D; Saiers J A; Beach M E
 CS Headache Care Center, Springfield, MO 65804, USA.
 SO CEPHALALGIA, (1997 Aug) 17 (5) 588-90.
 Journal code: 8200710. ISSN: 0333-1024.
 CY Norway
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 199710
 ED Entered STN: 19971224
 Last Updated on STN: 19971224
 Entered Medline: 19971027
 AB In a long-term efficacy and safety study, 424 patients were treated with **sumatriptan** (6 mg sc) for 1,904 **migraine** attacks. The patients were diagnosed with **migraine** based on IHS criteria but individual **migraine** attacks treated in the study were physician diagnosed; not necessarily required to meet IHS criteria. A re-analysis of the treatment response to open label **sumatriptan** (6 mg sc) indicated that 43 patients had treated at least one **migraine** that fulfilled IHS criteria for tension-type **headache**. Analysis of this population revealed they treated 232 **headaches**. Of these **headaches**, 114 were classified per IHS criteria as **migraine**; 76 as tension-type; and 42 as non-IHS **migraine** (not classifiable as IHS **migraine** or IHS tension-type **headache**). Of the 114 **migraines**, a positive response to **sumatriptan** occurred in 109 (96%) cases; of the 76 tension-types, 73 responded to **sumatriptan** (97%); of the 42 non-IHS **migraine**, 40 (95%) responded to **sumatriptan**. An equivalent response to **sumatriptan** among three diagnostic groups of **headache** supports the concept of a common biologic mechanism involving 5HT1 receptors that spans a range of clinical presentations.
 CT Check Tags: Female; Human; Male
 Adult
 Longitudinal Studies
 *Migraine: DT, drug therapy
 *Serotonin Agonists: TU, therapeutic use
 *Sumatriptan: TU, therapeutic use
 *Tension Headache: DT, drug therapy
 RN 103628-46-2 (Sumatriptan)
 CN 0 (Serotonin Agonists)

L136 ANSWER 29 OF 35 MEDLINE
 AN 97034241 MEDLINE
 DN 97034241 PubMed ID: 8879897
 TI Efficacy and tolerability of subcutaneous **sumatriptan** administered using the IMITREX STATdose System.
 AU Mushet G R; Cady R K; Baker C C; Clements B; Guterman D L; Davis R
 CS Georgia Headache Treatment Center, Augusta, USA.
 SO CLINICAL THERAPEUTICS, (1996 Jul-Aug) 18 (4) 687-99.
 Journal code: 7706726. ISSN: 0149-2918.

CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Priority Journals
 EM 199701
 ED Entered STN: 19970128
 Last Updated on STN: 19970128
 Entered Medline: 19970108
 AB The efficacy and tolerability of subcutaneous (SC) **sumatriptan** administered with the IMITREX (**sumatriptan** succinate) STATdose System, which circumvents the need for patients or health care professionals to handle a syringe, were evaluated in two randomized, double-masked, parallel-group, placebo-controlled, multicenter studies. In the clinic, 158 adults with **migraine** diagnosed according to International Headache Society criteria received SC **sumatriptan** (6 mg) or placebo delivered with the IMITREX STATdose System for treatment of a **migraine** attack. By 120 minutes after SC dosing, 73% and 79% of **sumatriptan**-treated patients, compared with 28% and 37% of placebo-treated patients in studies 1 and 2, respectively, experienced **headache** relief (a statistically significant difference). Clinical disability scores 120 minutes after dosing showed that 75% and 85% of **sumatriptan**-treated patients, compared with 30% and 42% of placebo-treated patients, were normal or only mildly impaired (a statistically significant difference). Similar efficacy rates were observed for nausea, phonophobia, and photophobia. No serious or unusual adverse events occurred, and no clinically relevant abnormalities in laboratory test values were reported. Based on these results, we concluded that SC **sumatriptan** (6 mg) administered using the IMITREX STATdose System is effective for the treatment of **migraine**. The efficacy and tolerability profiles of SC **sumatriptan** administered with this device are similar to those reported for SC **sumatriptan** administered with a conventional syringe.
 CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adult
 Double-Blind Method
 Drug Tolerance
 Injections, Subcutaneous
 Middle Age
 *Migraine: DT, drug therapy
 *Sumatriptan: AD, administration & dosage
 Sumatriptan: AE, adverse effects
 Sumatriptan: TU, therapeutic use
 RN 103628-46-2 (Sumatriptan)
 L136 ANSWER 30 OF 35 MEDLINE
 AN 96135007 MEDLINE
 DN 96135007 PubMed ID: 8537803
 TI Improvements in health-related quality of life with **sumatriptan** treatment for **migraine**.
 AU Jhingran P; Cady R K; Rubino J; Miller D; Grice R B; Guterman D L
 CS Glaxo Research Institute, Research Triangle Park, North Carolina, USA.
 SO JOURNAL OF FAMILY PRACTICE, (1996 Jan) 42 (1) 36-42.
 Journal code: 7502590. ISSN: 0094-3509.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199602

- ED Entered STN: 19960221
 Last Updated on STN: 19980206
 Entered Medline: 19960207
- AB BACKGROUND. The debilitating effects of **migraine** might be reduced in patients using an effective **migraine** medication. The serotonin (5HT1) receptor agonist **sumatriptan** has been shown in clinical trials to alleviate **headache** and associated symptoms in the majority of patients treated. METHODS. Three hundred forty-four (344) patients with **migraine** were allowed to treat an unlimited number of **migraine** attacks for up to 24 months with subcutaneous **sumatriptan** (6 mg). Open-label oral **sumatriptan** (100 mg) could be used between 1 hour and 24 hours after the initial injection for treatment of recurrent or persistent **headache**. On four occasions during the treatment period, patients completed the Medical Outcomes Study Short Form-36 Health Survey, a general health status instrument; the **Migraine**-Specific Quality of Life Questionnaire, a disease-specific instrument; and a series of questions designed to measure the impact of **migraine** on productivity and disability. RESULTS. Treatment with **sumatriptan** was associated with significant ($P < .05$) improvements relative to baseline in three of the Short Form-36 Health Survey quality-of-life dimensions (Bodily Pain, General Health Perceptions, and Social Functioning) and three of the **Migraine**-Specific Quality of Life Questionnaire dimensions (Role Function-Restrictive, Role Function-Preventive, and Emotional Function). Significant ($P < .05$) improvements in patient-rated productivity and reductions in patient-rated disability also occurred during the trial. CONCLUSIONS. Patients using **sumatriptan** to treat **migraines** for up to 24 months experienced improvements in disability and productivity as well as in health-related quality of life as measured either by a general health status instrument or a disease-specific instrument.
- CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Acute Disease
 Adolescent
 Adult
 Aged
 Disabled Persons
 Efficiency: DE, drug effects
 *Health Status
 Middle Age
 *Migraine: DT, drug therapy
 Migraine: PP, physiopathology
 Migraine: PX, psychology
 *Quality of Life
 Serotonin Agonists: PD, pharmacology
 *Serotonin Agonists: TU, therapeutic use
 Sumatriptan: PD, pharmacology
 *Sumatriptan: TU, therapeutic use
- RN 103628-46-2 (Sumatriptan)
- CN 0 (Serotonin Agonists)
- L136 ANSWER 31 OF 35 MEDLINE
 AN 95363389 MEDLINE
 DN 95363389 PubMed ID: 7636454
 TI Patient preferences for **migraine** therapy: subcutaneous **sumatriptan** compared with other medications.
 AU Luciani R J; Osterhaus J T; Guterman D L
 CS Albuquerque Clinic, New Mexico 87110, USA.
 SO JOURNAL OF FAMILY PRACTICE, (1995 Aug) 41 (2) 147-52.
 Journal code: 7502590. ISSN: 0094-3509.
 CY United States
 DT (CLINICAL TRIAL)
 (CONTROLLED CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199509
 ED Entered STN: 19950921
 Last Updated on STN: 19990129
 Entered Medline: 19950911
 AB BACKGROUND. This study was conducted to identify, from the patient's perspective, the important attributes of a **migraine** therapy and to assess the performance of subcutaneous **sumatriptan**, aspirin, acetaminophen, and patients' usual therapies with respect to these attributes. METHODS. Six hundred forty-eight patients who had received subcutaneous **sumatriptan** (one or two doses, 6 mg per dose, for a single **migraine** episode) or placebo in a clinical trial completed questionnaires. RESULTS. According to patients, the four most important attributes of a **migraine** therapy are "how well it works," "how safe it is," "how fast it works," and "side effects." The least important attribute is "cost of drug." Subcutaneous **sumatriptan** received significantly more favorable scores than did aspirin, acetaminophen, or patients' usual therapies with respect to the attributes of how well it works, how fast it works, and number of doses needed to relieve pain. Subcutaneous **sumatriptan** was also rated more favorably than either aspirin or patients' usual therapies with respect to side effects. Acetaminophen and aspirin were rated significantly more favorably than subcutaneous **sumatriptan** on the attributes "easy to take" and "easy to buy." Asked which drug they would use again for **migraine**, more patients selected subcutaneous **sumatriptan** than any other single medication. More patients also ranked subcutaneous **sumatriptan** as the best overall performer compared with other **migraine** medications taken in the last 12 months. CONCLUSIONS. These data indicate that according to patients' preferences, subcutaneous **sumatriptan** possesses many of the attributes of an ideal **migraine** therapy.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S.

Gov't

Adult

Aged

Analgesics: TU, therapeutic use

Injections, Subcutaneous

Middle Age

***Migraine: DT, drug therapy**

***Patient Satisfaction**

***Sumatriptan: TU, therapeutic use**

RN 103628-46-2 (Sumatriptan)

CN 0 (Analgesics)

L136 ANSWER 32 OF 35 MEDLINE

AN 95079063 MEDLINE

DN 95079063 PubMed ID: 7987510

TI Oral **sumatriptan** in the treatment of recurrent **headache**

AU **Cady R K; Rubino J; Crummett D; Littlejohn T W 3rd**

CS Shealy Institute, Springfield, Mo.

SO ARCHIVES OF FAMILY MEDICINE, (1994 Sep) 3 (9) 766-72.

Journal code: 9300357. ISSN: 1063-3987.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 199501

ED Entered STN: 19950124

Last Updated on STN: 19950124

Entered Medline: 19950111

AB BACKGROUND: **Sumatriptan** is effective for the treatment of acute **migraine**. However, **headache** may recur in about 30% of patients within 24 hours of successful treatment. OBJECTIVE: To evaluate the efficacy of oral **sumatriptan**, 100 mg, in the treatment of **headache** recurring within 24 hours of achieving **headache** resolution with subcutaneous **sumatriptan**, 6 mg. STUDY DESIGN: Subcutaneous **sumatriptan** was administered for up to 12 **migraine** attacks in a randomized, double-blind, parallel-group study. Patients whose **headache** was completely resolved 90 minutes after subcutaneous dosing received either oral **sumatriptan** or placebo at the onset of recurrent **headache**. Patients whose **headache** was not completely resolved were offered rescue medication, including **sumatriptan**. Patients rated **headache** severity for 24 hours. SETTING: Fifteen US outpatient clinics. MAIN OUTCOME MEASURE: Percentage of patients with relief of recurrent **headache** and adverse events. RESULTS: Approximately 90% of patients achieved relief of **headache** (severe or moderate **headache** reduced to mild or no **headache**) by 90 minutes after unblinded subcutaneous administration of **sumatriptan**. Efficacy rates were at least 80% regardless of whether the **headache** fulfilled the International **Headache** Society criteria for **migraine**. About 64% of patients achieved complete relief. Oral **sumatriptan**, 100 mg, relieved moderate or severe recurrent **headache** within 4 hours in up to 81% of patients. Oral **sumatriptan** administered as rescue medication to patients not **headache**-free did not relieve persistent **headache**. The incidence, pattern, and severity of adverse events after combined subcutaneous and oral administration of **sumatriptan** were similar to those after subcutaneous administration alone. CONCLUSIONS: Oral **sumatriptan** was consistently effective in the treatment of **headache** recurrence.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't Administration, Oral

Adolescent

Adult

Aged

Double-Blind Method

Injections, Subcutaneous

Middle Age

***Migraine**: DT, drug therapy

Recurrence

Sumatriptan: AD, administration & dosage

Sumatriptan: AE, adverse effects

*Sumatriptan: TU, therapeutic use

Time Factors

Treatment Outcome

RN 103628-46-2 (Sumatriptan)

L136 ANSWER 33 OF 35 MEDLINE

AN 93317195 MEDLINE

DN 93317195 PubMed ID: 8392150

TI Efficacy of subcutaneous **sumatriptan** in repeated episodes of **migraine**.

CM Erratum in: Neurology 1993 Oct;43(10):2010

AU Cady R K; Dexter J; Sargent J D; Markley H; Osterhaus J T; Webster C J

CS Shealy Institute, Springfield, MO 65803.

SO NEUROLOGY, (1993 Jul) 43 (7) 1363-8.

Journal code: 0401060. ISSN: 0028-3878.

CY United States

DT (CLINICAL TRIAL).

Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199308

ED Entered STN: 19930820
 Last Updated on STN: 19950206
 Entered Medline: 19930809

AB This double-blind, placebo-controlled, multicenter, crossover study investigated the efficacy and tolerability of **sumatriptan** administered for up to three separate **migraine** attacks. One hundred twenty adults received **sumatriptan** (SC, 6 mg; three attacks) and placebo (one attack). Patients completed questionnaires assessing the impact of **migraine** on their lives and the performance of **sumatriptan** relative to their usual acute therapies. **Sumatriptan** statistically outperformed placebo on all efficacy measures, including pain severity; presence/absence of nausea, vomiting, phonophobia, and photophobia; rescue medication use; and clinical disability. Efficacy was consistently maintained with repeated administration. For all attacks, pain relief 90 minutes postdose occurred in 86% to 90% of **sumatriptan**-treated patients, compared with 9% to 38% of placebo-treated patients. **Sumatriptan** was well tolerated, and the frequency and severity of adverse events did not change with repeated administration. Patients' perceptions of **sumatriptan** were consistent with clinical data demonstrating the drug's high degree of efficacy and tolerability.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't
 Adolescent
 Adult
 Aged
 Double-Blind Method
 Indoles: AD, administration & dosage
 Indoles: AE, adverse effects
 *Indoles: TU, therapeutic use
 Injections, Subcutaneous
 Middle Age
 *Migraine: DT, drug therapy
 Migraine: PP, physiopathology
 Questionnaires
 Recurrence
 Serotonin Agonists: AD, administration & dosage
 Serotonin Agonists: AE, adverse effects
 *Serotonin Agonists: TU, therapeutic use
 Sulfonamides: AD, administration & dosage
 Sulfonamides: AE, adverse effects
 *Sulfonamides: TU, therapeutic use
Sumatriptan
 Time Factors

RN 103628-46-2 (**Sumatriptan**)
 CN 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides)

L136 ANSWER 34 OF 35 MEDLINE
 AN 93123945 MEDLINE
 DN 93123945 PubMed ID: 8380430
 TI Recent advances in **migraine** management.
 CM Comment in: J Fam Pract. 1993 Sep;37(3):225-6
 AU Cady R K; Shealy C N
 CS Shealy Institute, Springfield, MO 65803.
 SO JOURNAL OF FAMILY PRACTICE, (1993 Jan) 36 (1) 85-91. Ref: 48
 Journal code: 7502590. ISSN: 0094-3509.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)

General Review; (REVIEW)
 (REVIEW LITERATURE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 199302

ED Entered STN: 19930226
 Last Updated on STN: 19950206
 Entered Medline: 19930208

AB **Migraine** periodically disables millions of Americans and thus has a significant economic impact on society. Successful treatment of **migraine** requires that the physician understand the pathophysiology underlying **migraine** and educate the **migraineur** in the management of this chronic pain syndrome. Recent advances in the receptor biochemistry of serotonin have given important insight into the mechanisms of **migraine** pain and treatment. An understanding of these mechanisms has resulted in treatment strategies that address the mechanism of **headache** control rather than just symptom control. Advances in pharmacologic therapy include a newly developed highly selective serotonin agonist called **sumatriptan**, which appears to be a promising addition to the armamentarium of abortive **migraine** treatments. Further data correlating the role of daily analgesics and ergotamines in transforming episodic **migraine** into chronic daily **headache** represent another significant advance in **migraine** management. Clinical trials of **sumatriptan** are reviewed, and the role of daily analgesic and ergotamine use is discussed in relation to advances in **migraine** pathophysiology and available demographic data on **migraine**.

CT Check Tags: Human
 Analgesics: TU, therapeutic use
 Ergotamine: TU, therapeutic use
 *Indoles: TU, therapeutic use
 ***Migraine: DT, drug therapy**
 ***Migraine: ET, etiology**
 ***Migraine: PP, physiopathology**
 *Serotonin Agonists: TU, therapeutic use
 *Sulfonamides: TU, therapeutic use
Sumatriptan
 *Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**); 113-15-5 (Ergotamine)

CN 0 (Analgesics); 0 (Indoles); 0 (Serotonin Agonists); 0 (Sulfonamides); 0 (Vasoconstrictor Agents)

L136 ANSWER 35 OF 35 MEDLINE
 AN 91237945 MEDLINE
 DN 91237945 PubMed ID: 1851894
 TI Treatment of acute **migraine** with subcutaneous **sumatriptan**.
 CM Comment in: JAMA. 1991 Nov 20;266(19):2703-4
 AU Cady R K; Wendt J K; Kirchner J R; Sargent J D; Rothrock J F; Skaggs H Jr
 CS Shealy Institute for Comprehensive Health Care, Springfield, Mo. 65803.
 SO JAMA, (1991 Jun 5) 265 (21) 2831-5.
 Journal code: 7501160. ISSN: 0098-7484.
 CY United States
 DT (CLINICAL TRIAL)
 Journal; Article; (JOURNAL ARTICLE)
 (MULTICENTER STUDY)
 (RANDOMIZED CONTROLLED TRIAL)
 LA English
 FS Abridged Index Medicus Journals; Priority Journals
 EM 199106
 ED Entered STN: 19910714

Last Updated on STN: 19980206

Entered Medline: 19910626

AB **Sumatriptan** succinate, a 5-HT1D receptor agonist, constricts human cranial arteries. Two parallel-group trials for treatment of acute **migraines** were conducted in the United States. Adult patients were randomized and given either 6 mg of **sumatriptan** succinate subcutaneously (n = 734) or placebo (n = 370). At 1 hour, **sumatriptan** was significantly more effective than placebo in reducing moderate or severe **headache** pain to mild or no pain (70% vs 22%), in completely relieving **headaches** (49% vs 9%), and in improving clinical disability (76% vs 34%). **Sumatriptan** also reduced nausea and photophobia significantly better than placebo. Patients with residual **migraines** received another injection; those who had originally received **sumatriptan** received either a second active injection (n = 187) or placebo (n = 178), while those who had received placebo received a second placebo injection (n = 335). Statistical evidence for benefit of second **sumatriptan** injection is absent. Adverse events associated with **sumatriptan** were tingling, dizziness, warm-hot sensations, and injection-site reactions. **Sumatriptan** is effective and well tolerated in patients with acute **migraine**.

CT Check Tags: Female; Human; Male; Support, Non-U.S. Gov't

Acute Disease

Adult

Double-Blind Method

*Indoles: AD, administration & dosage

Indoles: AE, adverse effects

Indoles: TU, therapeutic use

Injections, Subcutaneous

***Migraine: DT, drug therapy**

*Sulfonamides: AD, administration & dosage

Sulfonamides: AE, adverse effects

Sulfonamides: TU, therapeutic use

Sumatriptan

*Vasoconstrictor Agents: AD, administration & dosage

Vasoconstrictor Agents: AE, adverse effects

Vasoconstrictor Agents: TU, therapeutic use

RN 103628-46-2 (**Sumatriptan**)

CN 0 (Indoles); 0 (Sulfonamides); 0 (Vasoconstrictor Agents)

=> d his

(FILE 'HOME' ENTERED AT 11:19:16 ON 09 JUN 2003)

SET COST OFF

FILE 'REGISTRY' ENTERED AT 11:19:45 ON 09 JUN 2003

```

L1      7 S (SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L2      19 S SUMATRIPTAN OR NARATRIPTAN OR RIZATRIPTAN OR ZOLMITRIPTAN OR
L3      18 S L2 AND (C14H21N3O2S OR C17H25N3O2S OR C22H26N2O2S OR C17H25N3
L4      7 S L3 AND 1/NC
L5      7 S L1,L4
L6      11 S L3 NOT L5
          SEL RN L5
L7      58 S E1-E7/CRN
L8      47 S L7 NOT L6
L9      34 S L8 NOT MXS/CI
L10     21 S L9 NOT COMPD
L11     28 S L5,L10
L12     13 S L9 NOT L11
L13     10 S L12 NOT (C10H16O4S OR C5H7N03 OR C5-C6-C6-C6/ES)
L14     1 S L13 AND C15H18N2O2 AND C14H21N3O2S
L15     9 S L13 NOT L14

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L16 37 S L11, L15

FILE 'HCAPLUS' ENTERED AT 11:27:25 ON 09 JUN 2003

L17 960 S L16
 L18 1286 S SUMATRIPTAN? OR NARATRIPTAN? OR RIZATRIPTAN? OR ZOLMITRIPTAN?
 L19 35 S GR43175 OR GR() (43175 OR 43 175)
 L20 38 S 311C90 OR SB209509 OR SB() (209509 OR 209 509)
 L21 1360 S L17-L20

FILE 'REGISTRY' ENTERED AT 11:34:55 ON 09 JUN 2003

L22 1 S ASPIRIN/CN
 L23 1 S ACETAMINOPHEN/CN
 L24 3 S (IBUPROFEN OR NAPROXEN OR INDOMETHACIN)/CN
 L25 1 S CAFFEINE/CN
 L26 2 S (CELECOXIB OR ROFECOXIB)/CN
 L27 486 S 50-78-2/CRN
 L28 14 S L27 AND 103-90-2/CRN
 L29 45 S L27 AND 58-08-2/CRN
 L30 10 S L28 AND L29
 L31 1 S L30 AND 3/NC

FILE 'HCAPLUS' ENTERED AT 11:38:57 ON 09 JUN 2003

L32 16185 S L22
 L33 23421 S ASPIRIN? OR (ACETYLSALICYLIC OR ACETYL SALICYLIC) ()ACID
 L34 9985 S L23
 L35 6040 S ACETAMINOPHEN?
 L36 18467 S L24
 L37 36116 S IBUPROFEN? OR NAPROXEN? OR INDOMETACIN? OR INDOMETHACIN?
 L38 746 S L26
 L39 663 S CELECOXIB OR REFCOXIB
 L40 9 S L31
 L41 22 S EXCEDRIN# OR FIORINAL# OR NEURANIDAL# OR THOMAPYRIN N
 L42 516 S L32, L33 AND L34, L35 AND (L25 OR CAFFEINE)
 E MIGRAIN/CT
 E E4+ALL
 L43 2390 S E1, E2
 E E4+ALL
 L44 1151 S E3
 L45 4208 S ?MIGRAIN?
 E HEADACHE/CT
 L46 3310 S E3-E7
 E E3+ALL
 L47 3310 S E4
 L48 6634 S HEADACHE
 L49 698 S L21 AND L43-L48
 L50 368 S L32-L42 AND L43-L48
 L51 1003 S L49, L50
 L52 3 S L51 AND (PRODROM? OR PRO DROM?)
 L53 1 S L51 AND (PREEMPT? OR PRE EMPT?)
 L54 3 S L52, L53
 L55 2 S L21 AND (PRODROM? OR PRO DROM?)
 L56 7 S L21 AND (PREEMPT? OR PRE EMPT?)
 L57 6 S L55, L56 NOT L54
 L58 7 S L32-L42 AND (PRODROM? OR PRO DROM?)
 L59 2 S L58 AND ?MIGRAIN?
 L60 5 S L58 NOT L59
 L61 3 S L54, L59
 L62 14 S L21 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR? (S)PERFO
 L63 0 S L21 AND STANIN?
 L64 43 S L21 AND BASELINE
 L65 1 S L64 AND L62
 E COMPUTER APPLICATION/CT
 E E3+ALL

L66 2 S L21 AND E2,E1+NT
 L67 14 S L21 AND (E7+NT OR E9+NT OR E10+NT OR E11+NT OR E12+NT OR E14+
 E E19+ALL
 L68 25 S L21 AND E2-E25
 L69 0 S L21 AND (E28+NT OR E29+NT)
 E E28+ALL
 L70 18 S L21 AND E2+NT
 L71 9 S L21 AND E3+NT
 L72 6 S L66-L71 AND L51
 L73 1 S L61 AND L62-L72
 L74 3 S L61,L73
 E CADY R/AU
 L75 20 S E3,E5,E12,E14
 E GUTTERMAN D/AU
 L76 4 S E7-E9
 E O QUINN S/AU
 L77 6 S E3-E6
 E OQUINN S/AU
 E QUINN S/AU
 L78 1 S E8
 L79 5 S E20
 E QUINN O/AU
 L80 9 S L21 AND L75-L79
 L81 1 S L80 AND L32-L42
 L82 9 S L80 AND L51
 L83 11 S L74,L80-L82
 L84 5 S L21 AND (PREMONIT? OR ANTICIPAT? OR PRESENTIMENT? OR FOREWARN
 L85 11 S L83 AND L17-L21,L32-L84

FILE 'HCAPLUS' ENTERED AT 12:42:39 ON 09 JUN 2003
 SEL HIT RN L85

FILE 'REGISTRY' ENTERED AT 12:42:57 ON 09 JUN 2003
 L86 10 S E1-E10
 L87 10 S L86 AND L16,L22-L31

FILE 'MEDLINE' ENTERED AT 12:43:42 ON 09 JUN 2003
 L88 1485 S L16
 L89 2020 S L18 OR L19 OR L20
 L90 2020 S L88,L89
 L91 1327 S L90 AND ?MIGRAIN?
 E MIGRAIN/CT
 E E4+ALL
 L92 11132 S E15+NT
 E E13+ALL
 L93 12827 S E5+NT
 E E61+ALL
 L94 13016 S E30+NT
 L95 1218 S L90 AND L92-L94
 L96 1444 S L91,L95
 L97 736 S L90 AND HEADACH?
 L98 1454 S L96,L97
 L99 6 S L98 AND (PRODROM? OR PRO DROM?)
 E PRODROM/CT
 L100 11 S L98 AND (COGNIT? OR REACTION TIME OR RUNNING(S)MEMOR? OR MAT
 L101 0 S L98 AND STANIN?
 L102 21316 S NEUROPSYCHOLOGICAL TESTS+NT/CT
 L103 42650 S REACTION TIME+NT/CT
 L104 44273 S (MEMORY+NT OR MENTAL RECALL+NT) /CT
 L105 311 S MATCH?(S)SAMPL?/TI
 L106 170259 S (PSYCHOMOTOR PERFORMANCE+NT OR LEARNING+NT) /CT
 L107 6911 S PATTERN RECOGNITION+NT/CT
 E DISCRIMINATION/CT

L108 8777 S E4+NT
L109 14206 S E12+NT
L110 1052294 S MATHEMATICS+NT/CT
L111 3 S STANFORD SLEEP?/TI
L112 92222 S PSYCHOLOGICAL TESTS+NT/CT
L113 37342 S SLEEP+NT/CT
L114 23 S MOOD SCAL?/TI
L115 31731 S PSYCHIATRIC STATUS RATING SCALES+NT/CT
L116 15 S STANIN?
L117 38049 S (PSYCHOMETRICS+NT OR PERSONALITY INVENTORY+NT) /CT
L118 123 S L98 AND L102-L117
L119 119 S L118 AND ?MIGRAIN?
L120 1 S L98 AND (PREEMPT? OR PRE EMPT?)
L121 1 S L99, L120 AND L100-L120
L122 7 S L99, L121, L120
L123 4 S (L92 OR L93 OR L94) (L) PC/CT AND L118
L124 119 S L118 NOT L122, L123
L125 11 S L100 NOT L122, L123
L126 120 S L124, L125
SEL DN AN 62 76 99 119
L127 4 S L126 AND E1-E12
L128 11 S L122, L127 AND L88-L127

FILE 'MEDLINE' ENTERED AT 13:09:33 ON 09 JUN 2003

E CADY R/AU
L129 56 S E3, E9, E12, E13
E GUTTERMAN D/AU
L130 16 S E3, E7
E O QUINN S/AU
L131 20 S E3, E6, E7
E OQUINN S/AU
L132 43 S L129-L131 AND L90
L133 43 S L129-L131 AND L98
L134 8 S L133 AND L99-L128
L135 7 S L134 NOT L128
L136 35 S L133 NOT L128, L134, L135